# FIMW 134

(Re	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
:	
697	054
647	160

Office Use Only



500293566515

01/20/17--01011--015 \*\*7<del>8.75</del>

87.50

MAR 1 6 2017 S. YOUNG SECRETARY OF STATE TALLATIASSET TLESTO



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2017

BENJAMIN HIRSCH **CAMPERS INN** 10626 GENERAL AVENUE JACKSONVILLE, FL 32220

SUBJECT: CAMPERS INN HOLDING CORPORATION

Ref. Number: W17000006056

have received your document for CAMPERS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 式 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00001378

Shelia H Young Regulatory Specialist II

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2017

BENJAMIN HIRSCH CAMPERS INN 10626 GENERAL AVENUE JACKSONVILLE, FL 32220

SUBJECT: CAMPERS INN HOLDING CORPORATION

Ref. Number: W17000006056

We have received your document for CAMPERS INN HOLDING CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 817A00001378

ease see letter enclosed. Educer Hersch

www.sunbiz.org

#### **COVER LETTER**

_	stration Secti					
SUBJECT:	Campers In	n Holding Corpora	ation			
30202011		Name o	f corporation	- must include suffix		
Dear Sir or M	ſadam:					
"Certificate of	of Existence,		of Good Stan	Authorization to Transadding" and check are subssin Florida.		
Please return Benjamin Hir	-	ndence concerni	ng this matter	to the following:		17 13
			Name of I	Person		~ <u>~</u> ~
Campers Inn						<u> </u>
10626 Genera	I Avenue		Firm/Com	pany		7 Jan 20 MH 10: 08
			Addre	98		<u>C</u>
Jacksonville I	FL 32220		2 taare	33		
			City/State ar	nd Zip code		
bhirsch@cam	persinn.com					
		E-mail address	: (to be used f	or future annual report i	notification)	
For further in	nformation co	oncerning this m	atter, please c	all:		
Benjamin Hir	sch		904 at (	440-1881 x 1039		
Nan	ne of Person		Area Code	_) Daytime Telep	hone Number	
Regi Divi Clift 2661	stration Sect sion of Corp on Building	orations Center Circle	S:	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations	
Enclosed is a	check for th	ne following amo	ount:			
□ \$70.00 Fi	ling Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing F Certificate of S	Status &

## APPLICATION BY, FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Name:  10626 General Avenue				
(State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Page 10626 General Avenue  Incksonville  13220	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)
(State or country under the law of which it is incorporated) (FEI number, if applicable)  10/26/1988  5.  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  146 Route 125, Kingston NH 03848  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Benjamin Hirsch  10626 General Avenue  Incksonville  32220	Delaware	51-0323655		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  146 Route 125, Kingston NH 03848  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Benjamin Hirsch  10626 General Avenue  Jacksonville  32220	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  146 Route 125, Kingston NH 03848  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Benjamin Hirsch   10626 General Avenue   10626 General	(Date	of incorporation)	(Date of duration, if other than perpe	tual)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Design	146 Route 125, K	(SEE SECTIONS 607.1501 & 607.1 (ingston NH 03848	502, F.S., to determine penalty liability)	TO JAN
Name:  Benjamin Hirsch  10626 General Avenue  Jacksonville  32220		(Princi	pal office address)	22
Name:    10626 General Avenue   10626 General			,	0
Name:  10626 General Avenue  Fice Address:  Jacksonville  32220		(Current maili		0 AM 10:
fice Address:  Jacksonville 32220	Name and stree		ng address, if different)	D AM IO: OB
Jacksonville 32220		et address of Florida registered agent: (P.	ng address, if different)	0 AM 10: 08
	Name:	et address of Florida registered agent: (P.o. Benjamin Hirsch	ng address, if different)	0 AM 10: 08
(City) (Zip code)		Benjamin Hirsch  10626 General Avenue	ng address, if different)  O. Box NOT acceptable)	0 AM 10: 08

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS		
Chairman:	:		
Address:			
-			
Vice Chai	irman:		
Address:			
-			
Director:			·
Address:			70.
			SE R
Director:		J語 2	A BENT
Address:		20 1	Signal Control
		AM 10: 08	- 751
B. OFFI		] <del>.</del> Og	VOI-10
President:			
Address:	146 Route 125		
	Kingston NH 03848		
Vice Presi	ident:		
Address:			
Secretary:	Jeffrey Hirsch		
	146 Route 125, Kingston NH 03848	. '	
Treasurer:	Jeffrey Hirsch		
Address:	146 Route 125, Kingston NH 03848		
<b>NOTE:</b> 12.	If necessary, you may artist an addendum to the application listing additional officers and/or dire	ectors.	
The offic	Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of St		
a third de	egree felony as provided for in s. 1975 F.S.		
13	(Typed or printed name and capacity of person signing application)		

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAMPERS INN HOLDING CORPORATION" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D.

2017.

ALEXANDED LIGHT



Authentication: 202170006

Date: 03-09-17

2176548 8300 SR# 20171470658