# F18800001692

| (Re                     | questor's Name)    |                  |
|-------------------------|--------------------|------------------|
|                         |                    |                  |
| (Ad                     | dress)             |                  |
|                         |                    |                  |
| (Ad                     | dress)             |                  |
| (6)                     | y/State/Zip/Phon   |                  |
| (Cit                    | y/State/Zip/Filoti | <del>e #</del> ) |
| PICK-UP                 | MAIT               | MAIL             |
|                         |                    |                  |
| (Bu                     | siness Entity Nai  | me)              |
|                         |                    |                  |
| (Do                     | cument Number)     | •                |
| Certified Copies        | Certificate        | s of Status      |
|                         |                    |                  |
| Special Instructions to | Filing Officer:    |                  |
|                         | ·                  |                  |
|                         |                    |                  |
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APR 1 1 2018

### **COVER LETTER**

| TO:          | Divisi                      |   | rporations   |                     |                |   |  |  |
|--------------|-----------------------------|---|--|---------------------|----------------|---|--|--|
| SHRI         | IECT: C                     | amp Ques  | INC  |                     |                |   | ļ  |  |
| 000          |                             |   | Name (   | of Corporation      | n – must in    | clude suffix  |  |  |
| Dear S       | Sir or Ma                   | dam:  |  |                     |                |   |  |  |
| Affair       | s in Flori                  | da", "Cei   | on by Foreign Natificate of Existenced not for pro | ence", or "C        | ertificate of  | Status" and ch  | ieck are                                   | submitted to   |
| Please       | e return a                  | il corresp  | ondence concer                                     | ning this ma        | tter to the fo | ollowing:   |  |  |
|              |                             | Amy Mo  | nsky   |                     |                |   |  |  |
|              |                             |   |  | Name of             | Person         |   |  |  |
|              |                             | Camp Qu   | iest   |                     |                |   |  |  |
|              |                             |   | <u>.                                    </u>       | Firm/C              | ompany         | <del></del>   |  | <del></del><br> -  |
|              |                             |   |  |                     |                |   |  |  |
|              |                             | 553 Dela  | field Drive  |                     |                |   |  |  |
|              |                             | -   |  | Ado                 | ress           |   |  |  |
|              |                             | Summers   | ville, SC 29483                                    |                     |                |   |  |  |
|              |                             | City/State and Zip Code                               |  |                     |                |   |  |  |
|              |                             | amymons   | ky@gmail.com                                       |                     |                |   |  |  |
|              |                             | E-m   | ail address: (to                                   | be used for f       | uture annua    | l report notific  | ation)                                     |  |
| For fu       | irther info                 | ormation  | concerning this                                    | matter, pleas       | se call:       |   |  |  |
| Amy          | Monsky                      |   |  | at (                | 843            | 291-8248  |  |  |
| -            |                             | Name o  | f Person   |                     | Area Code      | Daytime Te  | lephone                                    | Number   |
|              | Regist<br>Divisio<br>P.O. B | ING AD<br>ration Secon of Cor<br>ox 6327<br>assee, FL | ction<br>porations                                 |                     |                | STREET/CO<br>Registration S<br>Division of C<br>Clifton Build<br>2661 Executi<br>Tallahassee, I | Section<br>forporation<br>ing<br>ve Center | er Circle  |
| Enclo        | sed is a c                  | heck for  | the following ar                                   | nount:              |                |   |  |  |
| <b>3</b> \$7 | 0.00 Fili                   | ng Fce  | □\$78.75 Filin<br>Certificate                      | ig Fee & cof Status |                | Filing Fee &<br>ed Copy   | (  | 87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| Camp Quest I                                      | ncorporated  |   |  |
|---|--|---|--|
| mport in langua<br>n the name at p                | age as will clearly indicate that it is a<br>resent. "Company" or "Co." may not                        | RPORATED" or "CORPORATION" or words or a corporation instead of a natural person or partnershibe used as a corporate suffix by a nonprofit corporate  | p if not so contained                        |
| Camp Quest Flo                                    |  |   |  |
| (If name unava                                    | ailable in Florida, enter alternate corp   | orate name adopted for the purpose of transacting b   | usiness in Florida)                          |
| South Carolin                                     | na   | 45-3065921<br>3   |  |
| 00 /0 C /2011                                     | ntry under the law of which it is incor  |   |  |
| ····  | Date of Incorporation)   | 5. (Date of duration, if other tha  | n perpetual)                                 |
|   | ·  |   |  |
| Date first cond                                   | ucted affairs in Florida if prior to regis   | tration. See sections 617.1501 & 617.1502, F.S. to det  | ermine penalty liability.)                   |
|   | Drive, Summerville, SC 29483   |   |  |
|   |  | (Principal office address)  |  |
|   |  |   |  |
|   | (Curre   | ent mailing address, if different)  |  |
|   | (-2  |   | <del>-</del>                                 |
| youth develop                                     | ment organization, summer camp for   | kids 8-17yo   | ***  |
|   |  | or country to be carried out in the state of Florida)   |  |
|   | ••••••••••••••••••••••••••••••••••••••   |   | ÷  |
| Name and str                                      | eet address of Florida registered a  | agent: (P.O. Box <u>NOT</u> acceptable)   | = 2.   |
| Nama  | Kristina Lewis   |   | - 12   |
| Name:   | 1417 Florida Moss Lane   |   | * 25   |
| fice Address:                                     | Port Orange  | 32128<br>, Florida  |  |
|   | (City)   | (Zip Code)  |  |
| aving been no<br>signated in th<br>rther agree to | his application, I hereby accept the comply with the provisions of a n familiar with and accept the ob | accept service of process for the above stated che appointment as registered agent and agree all statutes relative to the proper and complete pligations of my position as registered agent.  Registered agent's signature) | to act in this capacity<br>performance of my |
|   |  |   |  |
| . Attached is                                     | a certificate of existence duly au   | thenticated, not more than 90 days prior to deli-   | very of this applicatio                      |

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.

12. Names and addresses of officers and/or directors

| A. DIRECTORS  |                                       |
|---|---------------------------------------|
| Kimberly Ellington  |                                       |
| Chairman:   |                                       |
| Address:Wake Forest, NC 27587   | · · · · · · · · · · · · · · · · · · · |
| Amy Monsky  |                                       |
| Vice Chairman:  |                                       |
| Address:  |                                       |
| Summerville, SC 29483   |                                       |
| Garrett Gehlhausen Director:  |                                       |
| 1237 Calais Drive Address:  |                                       |
| Mount Pleasant, SC 29464  |                                       |
| Kristina Lewis  |                                       |
| Director:   |                                       |
| Address:Port Orange, FL 32128   | <del>-</del>                          |
| Kimberly Ellington President:   |                                       |
| Address:Wake Forest, NC 27587   |                                       |
| Amy Monsky  |                                       |
| Vice President:   | <u> </u>                              |
| 553 Delafield Drive Address:  |                                       |
| Summerville, SC 29483   |                                       |
| Kristina Lewis Secretary:   |                                       |
| 1417 Florida Moss Lane, Port Orange, FL 32128 Address:  |                                       |
| Garrett Gehlhausen<br>Treasurer:  |                                       |
| 1237 Calais Drive, Mount Pleasant, SC 29464 Address:  | -                                     |
| NOTE: If pecessary, you may attach an addendum to the application listing additional officers a   |                                       |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app<br>14. Kimberly Ellington (Typed of printed name and capacity of person signing application) | acation)                              |

# The State of South Carolina



### Office of Secretary of State Mark Hammond

### Certificate of Existence, Nonprofit Corporation

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

#### CAMP QUEST,

a nonprofit corporation duly organized under the laws of the State of South Carolina on August 8th, 2011, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 26th day of February, 2018.

Mark Hammond, Secretary of State