# F23000004680

	(Requestor's Name)
(	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
· ·	,
	Document Number)
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Special Instructions to i	Filing Officer:
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PROB

AUG 0 9 2023

K. Brumbley



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME Raquette Lake Camps, Inc.  DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXXXXX Plain Copy Certified Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	**WALK IN**
**PLEASE FILE THE ATTACHED AND RETURN**  XXXXXX  Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
**PLEASE FILE THE ATTACHED AND RETURN**  XXXXXX  Plain Copy Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments Certificate of Good Standing  **APOSTILLE' / NOTARHAL CERTIFICATION**	
XXXXXX  Plain Copy  Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
Certificate of Status  ***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  ***APOSTILLE' / NOTARIAL CERTIFICATION***	
Certificate of Status  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
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Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**	
**APOSTILLE' / NOTARIAL CERTIFICATION**	
,	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	<u> </u>
TOTAL OWED \$70 ACCOUNT #: 12016000007:	2
S 8 FM	
Please call Tina at the above number for any issues or concerns. Thank you so	r mach!

## 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.

(If name unavail	able in Florida, enter alternate corp	porate name adopted for the purpose of transac	ting business in Florida)
2. New York		3 13-2983848	
0.511.711.070		3. <u>13-2983848</u> rporated) (FEI number. if	
4. (Date	of incorporation)	5. (Date of duration, if oth	er than perpetual)
	(Date first transacte	d business in Florida, if prior to registration) 601 & 607.1502, F.S., to determine penalty liab	oility)
7	(i	Principal office street address)	
7700 Congress A	Avenue, Suite 1121, Boca Raton, F	L 33487	<b>20</b>
	(C)	urrent mailing address, if different)	23 A
8. Name and streen Name:	et address of Florida registered Kathryn Lapidus	agent: (P.O. Box <u>NOT</u> acceptable)	AUG -9 PM
Office Address:	7700 Congress Avenue, Suite 1	121	135 <b>5</b> 5
	Boca Raton	. Florida <u>33487</u>	<b>29</b>
	(City)	(Zip code)	
designated in this further agree to c	ned as registered agent and to a application, I hereby accept the omply with the provisions of a	accept service of process for the above sta he appointment as registered ugent and a ll statutes relative to the proper and comp as of my position as registered agent.	gree to act in this capacity. $oldsymbol{I}$

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.

A. DIRECTORS				
□Chairman	Name: Kathryn Lapidus	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 7700 Congress Avenue, Ste. 1121	
Director	Boca Raton, FL 33487	□Director	Boca Raton, FL 33487	
President		□President		
□Vice President		■ Vice President		
□Secretary	□Treasurer	☐ Secretary	<b>■</b> Treasurer	
□Other	Other	□Other	der Other	
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chaiπnan	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
□Chairman	Name:	□ Chairman	Name:	
	Address:		Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme			
12. <u>Kathr</u>	yn Lapidus Signature of Director o	r Officer		
The officer or direct she is aware that fars.817.155, F.S.	ctor signing this document (and who is fisted in number also information submitted in a document to the Depart	r 11 above) affirms th	nat the facts stated herein are true and that he or	

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the record
required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the
Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

RAQUETTE LAKE CAMPS, INC.

DOS ID Number:

557380

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

05/17/1979

**Statement Status:** 

**CURRENT** 

**Statement Due Date:** 

05/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

05/17/1979

Entity Name:

RAQUETTE LAKE CAMPS, INC.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

12/11/2002

Effective Date:

05/01/2002

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

05/02/2003

Effective Date:

05/01/2003

Page 1 of 3

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 12/28/2009

 Effective Date:
 05/01/2009

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/31/2011

 Effective Date:
 05/01/2011

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 08/05/2013

 Effective Date:
 05/01/2013

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/02/2017

 Effective Date:
 05/01/2017

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/06/2019

 Effective Date:
 05/01/2019

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 06/07/2021

 Effective Date:
 05/01/2021

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 08/07/2023

 Effective Date:
 05/01/2023

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 09, 2023 at 02:15 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

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