

N1100003055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

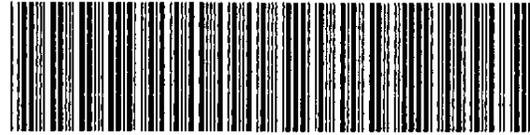
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/11/11--01020--007 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 22 PM 2:55

FILED

W11-14505

TC 03/25/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 MAR 22 PM 2:21

DIVISION OF CORPORATIONS

March 14, 2011

C. JADE MAJOR-BRYAN  
2846 JUNIPER LANE  
DAVIE, FL 33330

SUBJECT: CAMP GEL INC.  
Ref. Number: W11000014505

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

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00006193

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: CAMP GEL Inc.**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: C. Jade Major-bryan  
Name (Printed or typed)

2846 Juniper Lane  
Address

Davie, Fl. 33330  
City, State & Zip

954 623 7725  
Daytime Telephone number

lifepowercoaches@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **Camp GEL Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2846 Juniper Lane, Davie, Florida 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Camp GeL exists to empower young girls to develop a life plan that is about excellence. Whether is it through encouraging them to go to college, to create a business, by providing outlets for them to accomplish their goals and dreams.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

**They are appointed by the President**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: C. Jade Major-Bryan President

Name and Title: Jasmin Rodgers Vice-President

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Don Bryan Treasurer

Name and Title: Gem Dickens Secretary

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C. Jade Major-Bryan

Address: 2846 Juniper Lane

Davie, Fl 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: C. Jade Major-Bryan

Address: 2846 Juniper Lane

Davie, Fl. 33330

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11 MAR 22 PM 2:56  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

3/18/11  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

3/18/11  
Date