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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: IT Pro Camp, 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: John Ross  
Name (Printed or typed)

2614 Lakemoor Dr.  
Address

Orlando, FL 32828  
City, State & Zip

407-620-4337  
4001 BIRDSONG Telephone number

jross37@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: IT Pro Camp, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address  
4001 BIRCH ST NE  
ST PETERSBURG, FL 33703

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To facilitate the education of Information Professionals (IT Pros) on Microsoft technologies in the State of Florida.

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

APPOINTED UNTIL ELECTION OF NEW BOARD.

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

Name and Title: Chad Miller - President  
Address: 4001 BIRCH ST NE  
ST PETERSBURG, FL 33703

Name and Title: Blain Barton - Technology Officer  
Address: 4399 3rd ISLE DR.  
HERNANDO BEACH FL 34607

Name and Title: John Ross - Secretary  
Address: 2614 LAKEMOOR DR.  
ORLANDO, FL 32828

Name and Title: Alex J Funkhouser - Treasurer  
Address: 1666 JFK CAUSEWAY, SUITE 604  
NORTH BAY VILLAGE, FL 33141

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI    REGISTERED AGENT**

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

Name: John Ross  
Address: 2614 LAKEMOOR DR.  
ORLANDO, FL 32828

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

Name: John Ross  
Address: 2614 LAKEMOOR DR.  
ORLANDO, FL 32828


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TALLAHASSEE, 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

 1/7/12  
\_\_\_\_\_  
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

 1/7/12  
\_\_\_\_\_  
Date