

**N 13000004397**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

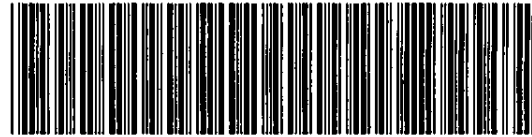
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY -8 AM 9:35

5/10/13

## COVER LETTER

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

SUBJECT: Camp Audemus 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: Jessica Kotnour  
Name (Printed or typed)

717 Ashgrove Terrace  
Address

Sanford, FL 32771  
City, State & Zip

407-710-3179  
Daytime Telephone number

jkotnour@cf1.rr.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be: Camp Audemus Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

717 Ashgrove Terr.

Sanford, FL

32771

Mailing address, if different: 12 MAY 18 AM 9:35

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational,  
and scientific purposes, including, for such purposes, the making of distributions to  
organizations that qualify as exempt organizations under section 501(c)(3) of the  
Internal Revenue code, or the corresponding section of any future federal  
tax code and herein stated as follows: to inspire and empower  
youth living with OCD through a summer  
camp experience.

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

as provided by the bylaws

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

Name and Title: <u>Deborah Stockton</u>	Name and Title: <u>Francois Menard</u>
Address: <u>165 W. Fawcett Road</u>	Address: <u>11867 Batello Ln</u>
<u>Winter Park, FL</u>	<u>Orlando, FL</u>
<u>32789</u>	<u>32827</u>
Name and Title: <u>William Eissele</u>	Name and Title: <u>Donna Walker</u>
Address: <u>120 Evansdale Rd</u>	Address: <u>1945 Garden Sage Dr.</u>
<u>Lake Mary, FL</u>	<u>Oviedo, FL</u>
<u>32746</u>	<u>32765</u>
Name and Title: <u>Jessica Kothour</u>	Name and Title: _____
Address: <u>717 Ashgrove Terr.</u>	Address: _____
<u>Sanford, FL</u>	_____
<u>32771</u>	_____

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

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: Timothy Kotnour

Address: 717 Ashgrove Terr.  
Sanford, FL 32771

**ARTICLE VII INCORPORATOR**

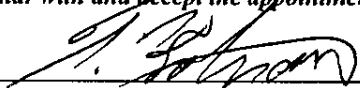
The name and address of the Incorporator is:

Name: Jessica Kotnour

Address: 717 Ashgrove Terr.  
Sanford, FL 32771

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*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*

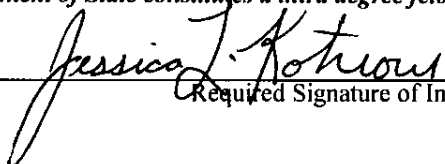


Required Signature of Registered Agent

5-5-13

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

5-5-13

Date