

N15000003518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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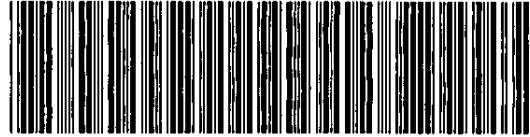
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -6 PM 1:23

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: Safe Haven Adventure 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: Daniel J. Boeck
Name (Printed or typed)

205 Larkwood Drive
Address

Sanford, FL 32771
City, State & Zip

712-730-0763
Daytime Telephone number

dboeck1229@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)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Safe Haven Adventure Camp, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

205 Larkwood Drive

Sanford, FL 32771

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. To provide recreation and Christian education to families.
2. To use recreational, literary, and educational means to instruct and elevate the minds and character of the families who may attend the camp.
3. To build, purchase and/or maintain recreational and educational training facilities, including buildings and lands, for the use and comfort of the Corporation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Directors
shall be elected by the Board from nominees submitted by the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>David Worley</u>	Name and Title:	<u>Desiree Rones</u>
Address	<u>937 Arbormoor Place</u>	Address:	<u>216 N. 9th Street</u>
	<u>Lake Mary, FL 32746</u>		<u>Rochelle, IL 61068</u>
<hr/>			
Name and Title:	<u>Daniel Boeck</u>	Name and Title:	<u>Justin Horstmeyer</u>
Address	<u>205 Larkwood Drive</u>	Address:	<u>2740 W SR 46</u>
	<u>Sanford, FL 32771</u>		<u>Geneva, FL 32732</u>
<hr/>			
Name and Title:	<u>Doug Horstmeyer</u>	Name and Title:	<u>Lee Pepin</u>
Address	<u>911 S. Park Ave.</u>	Address:	<u>6640 Oakwood St.</u>
	<u>Sanford, FL 32771</u>		<u>Rockford MN 55373</u>
<hr/>			

Name and Title: Shannon Boeck

Address: 205 Larkwood Drive
Sanford, FL 32771

Name and Title: Michael Wilson

Address: PO Box 351
West Liberty, OH 43357

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: Joe Hendrickson

Address: 7756 Twin Lakes Rd.
Manson, IA 50563

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: Daniel J. Boeck

Address: 205 Larkwood Drive
Sanford, FL 32771

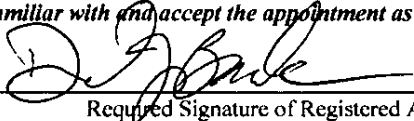
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daniel J. Boeck

Address: 205 Larkwood Drive
Sanford, FL 32771

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

03/30/2015

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

03/30/2015

Date