# 116000010018

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



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M. MOON OCT 13 2016

# DECAMS FOUNDATION INC.

Dept. of State

Div. of Corporations

P O Box 6327

Tallahassee, Fl. 32314

Oct. 6, 2016

# Dear Sir:

Enclosed please fid the following:

- 1) Original and 1 copy of Certificate of Domestication for DECAMS FOUNDATION Inc.
- 2) \$137.50 check for the required fees and the optional Certificate of Status.
- 3) State of Florida Dept. of State document showing DECAMS FOUNDATION as an Ohio Corp. authorized to transact business in Fla.
- 4) State of Ohio Certificate of Dissolution Of DECAMS FOUNDATION in OHIO as of 8/1/2016.

Sincerely,

Michael DeGennaro

**President** 

# **COVER LETTER**

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

SUBJECT: DOMESTICATION OF DECAMS FOUNDATION INC.

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

## FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

### **OPTIONAL:**

Certificate of Status

\$ 8.75

Name (printed or typed)

29/20 POSITAND LANE

Address

NAPLES, FL. 34//0

City, State & Zip

54/7498848

Daytime Telephone Number

MADE GENNARO @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

# **NOT FOR PROFIT CERTIFICATE OF DOMESTICATION**

Th	e undersigned, MICHAEL DEGENNARO, PRESIDENT
of	e undersigned, MICHAEL DEGENNARO, PRESIDENT (Name)  (Name)  (Title)  (Corporation Name)
in	accordance with section 617.1803, Florida Statutes, does hereby certify:
1.	The date on which corporation was first formed was November 22, 1999.
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication
	was DECAMS FOUNDATION INC.
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to
	s. 617.01201 and 617.0202 with this certificate is <b>DECAMS FOUNDATION INC.</b>
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was  29/20 POSITANO LANS, NAPLES FL. 34/10
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.
I aı	mPRESIDENT, of DECAMS FOUNDATION INC.
and	d am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so	this the <u>6</u> day of <u>OC TOBER</u> , <u>2016</u> .
	(Authorized Signature)
	Filing Fee:
	Certificate of Domestication \$50.00 Articles of Incorporation and Certified Copy \$78.75
	Articles of Incorporation and Certified Copy \$78.75  Total to domesticate and file \$128.75

### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTI	CLE I	NAME

The name of the corporation shall be:

DECAMS FOUNDATION INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be: Principal Address

Mailing Address

29120 POSITANOLANE 29120 POSITANOLANE NA965, FL. 34110

NAPLES, FL. 34110

### ARTICLE III PURPOSE

The purpose for which the corporation is organized:

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL RELIGIOUS AND SCIENTIFIC PURPOSES INCLUDING, FOR SUCH PURPOSES, BUT WITHOUT LIMITATION THEREON, OPERATING AS A CHARITABLE FOUNDATION BY HOLDING, INVESTING AND ADMINISTERING ASSETS RECEIVED AS CHARITABLE CIFTS AND CONTRIBUTIONS AND USING SUCH ASSETS OR THE INCOME THEREFROM TO MAKE GRANTS TO SUPPORT ACTIVITIES AND PROSECTS OF ORGANIZATIONS OPERATED EXCLUSIVELY FOR SUCH PURPOSES THAT QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION SOIG)(3) OF THE U.S. INTERNAL REVENUE CODE OF 1986.

he manner in which the director	ors are elected or appoint	ed:			
THE PRESIT	DENT WILL A	APPOINT T	HE OFF	FICERS	
-					
RTICLE V INITIAL DI		OFFICERS			
ne name(s) and address(es) ar	nd specific utie(s):				
itle/Name	. Т	itle/Name			
itle/Name	. Т		DEG	FNMR C	VICE
tle/Name MICHAEL DEGENA 9120 POSITANO A	T IARO PRESIDENT ANS	SHERF? 29170 PC	DEGE OSITAN	ENNARO D LAN	) VICE 18
tle/Name MICHAEL DEGENA 9120 POSITANO A	T IARO PRESIDENT ANS	SHERF? 29170 PC	DEGO OSITANO PLI	5 NWARE D LAN 34 110	) VICE 18
itle/Name MICMAEL DEGENA 9120 POSITANO A VARUES, FL, 34	THRO PRESIDENT ANE	SHERF? 29170 PC	DEGE OSITANO , FL.	ENNARO D. L.AN 34110	) VICE 18
tle/Name  MICHAEL DEGENA  9120 POSITANO A  VAPUES, FL, 34  tle/Name	THRO PRESIDENT ANS	S HERF?  29   70   PC  N A PL ES  Title/Name	, A	3 <u>4110</u>	
the name(s) and address(es) and itle/Name  MICHAEL DEGENA  9120 POSITANO A  VARLES, FL, 34  itle/Name  MRISTINE MONIZ  7834 SOUTH VI	THRO PRESIDENT ANS HILO SECRETARY	S HERP?  29/20 PC  NAPLES  Title/Name  AMY DE 68	, A , .	34 110 , TREAS	OZEZ
itle/Name  MICHAEL DEGENA  9120 POSITANO A  VARLES, FL, 34  itle/Name  MRISTINE MONIZ	THRO PRESIDENT ANE Y 110 SECRETARY ALLSY DR.	SHERE? 29170 PC  NAPLES  Title/Name  AMY DE 68	, FL , . :NNA20 EST MIN	34 110 , TREAS 15 TER	ORER DR.
tle/Name  MICHAEL TOEGENA  9120 POSITANO A  IAPLES, FL, 34  tle/Name  4RILTINE MONIZ  7834 SOUTH VI	ARD PRESIDENTE ANS ANS ALLSY DR. VA. 22039	SHERE? 29170 PC  NAPLES  Title/Name  AMY DE 68	, FL , . :NNA20 EST MIN	34 110 , TREAS 15 TER	ORER DR.

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
MICHAEL DEGENNARO
29120 POSITANO LANE
NAPLES, FC. 34110
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the incorporator is:
MICHAGL DE GENNARO
29120 POSITANO FANE
NAPLES, FL. 34110
*******************************
Having been named as registered agent and to accept service of process for the above stated corporation at the place designate
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
Michael ile Symuno 10/6/16
Signature/Registered Agent Date
Michael De Linnare 10/6/16
Signature/Incorporator Date

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS