N1800000351

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Hume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700306756347

12/21/17--01024--004 **78.75

2018 JAN 10 PH 5: 01

JAN 1 0 2017 C Kinsey

COVER LETTER

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

SUBJECT:	Camp Fundamentals Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original	and one (1) copy of the Arti	cles of Incomoration and	la 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 CO	DPY REQUIRED		
FROM:	M: Warren V. Girsen Jr Name (Printed or typed)				
	2057 Faton street Address				
Maitland FL 32751 City, State & Zip (321) 888-1808 Daytime Telephone number					
E-mail address: (to be used for feture 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)

		Camp Fundame	ntals, inc.	<u> </u>	
		,	-	ı	
	Principal street address:		Mailing addre	ss, if different is:	
	1869 Stapoint Ct.	<u>.</u>		<u>. </u>	
	Winter Park, FL. 327	<u>92</u>		1	
	The of the corporation shall be: LETT PRINCIPAL OFFICE Principal street address: Walting address, if different is: Wash Shappint Ct. Winter Park, FL, 32792 LETT PURPONE pose for which the corporation is organized is: The corporation is organized to provide athletics, throad services and charitable purposes that qualify as exempt organizations under on 501 (e)(3) of the internal revenue code, or the corresponding eaction of any fixture all that code LETY MANNER OF ELECTION. The manner in which the directors are elected and appointed Shaped The bydaus. LETY INITIAL OFFICERS AND/OR DIRECTORS IN THAT LOFFICERS AND/OR DIRECTORS IN THAT LOFFICERS AND/OR DIRECTORS Address: Program Director Address:				
educationa	I services and charitable p	orposes that qualif	y as exempt o	rganizations un	der
section 50	o1(c)(3) of the internal next	enue code, or the	corresponding	section of any	future
federal ta	x gode	· · · · · · · · · · · · · · · · · ·			
····					
In the	bylaus.			Por	_
Name and Title	: Marren V. Green dr.	Name and Title:	Daniel M	Idanoe Fil	F
Address	Founder	Address:	Program [Director 4	ōF
				777	₹ M
	Maitland, FL 32751	<u></u> -	Sandford,	PL 32771 35	•. —
Name and Title	: Deion Gozen			200	70
Address	Program Director	Address:	Program P	rector	
	EUZH Venezia Dr.		8624 Vene	zia Dr	
	OHANDO FL 32801		Orlando, FL	32801	
Name and Title			Don Finkel	stien	
				1	
	Maitland FL 32751			•	

• '				
Name and Title:		Name and Title:	··	<u> </u>
Address	- 	Address:		
,				
	-			
Address		_ Address:		
		<u> </u>		
			}	
	<u>EGISTERED AGENT</u> <u>ida street address</u> (P.O. Box NOT acce	ptable) of the registered	agent is:	
Name:	Warren V. Green dr			
Address:	2057 Euton street			
	Maitland FL 32751		1	
ARTICLE VII II The name and adds	VCORPORATOR ress of the Incorporator is:			
Name:	Warren V. Giren dr.			
Address:	2057 Eaton street			
	Maitland, FL 32751			
ARTICI E VIII - E	FFECTIVE DATE:			
Effective date, if oil	her than the date of filing:	, (OPTIONAL)	• 00 days ofter the filing t
it an effective date	e is listed, the date must be specific at	id cannot be more that	i live uays prior or	90 days after the filling.)
Note: If the date in	serted in this block does not meet the ap	oplicable statutory filing	requirements, this	date will not be listed as the
locument's effectiv	re date on the Department of State's reco	ords.		
	d as registered agent to accept service			
	miliar with and accept the appointment a	is registered agent and a		1
	Required Signature of Registered			1/10/2018
	ent and affirm that the facts stated here If State constitutes a third degree felony			mation submitted in a document
-4	and			1/10/2018
	Required Signature of Incor	porator		Date

t