

N1900000 8842

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

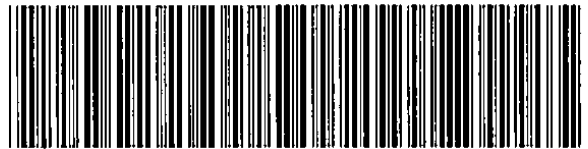
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

AUG 23 2019



800333102798

08/16/19--01025 -004 ++75.10

## COVER LETTER

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

SUBJECT: Camp UOTS 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: Lambros Katsoufis  
Name (Printed or typed)

1801 SW 3rd Ave., Suite 200  
Address

Miami, FL 33129  
City, State & Zip

(786) 303-6376  
Daytime Telephone number

campuots@me.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**

Camp UOTS Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1801 SW 3rd Ave.

Suite 200

Miami, FL 33129

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

for charitable purposes and the making of distributions to organizations  
The purpose for which the corporation is organized is: \_\_\_\_\_  
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.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As per the bylaws.

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

Name and Title: Archieval P. Cubarrubia, Director

Address: 7141 Santa Monica Blvd.  
Apt. 407  
W Hollywood, CA 90046

Name and Title: Caleb J. Gonzalez, Director

Address: 1361 NE 41st Pl.  
Homestead, FL 33033

Name and Title: Michael R. Thomas, Director

Address: 372 Central Pk W  
Apt. 9X  
New York, NY 10025

Name and Title: Athena C. Pefkarou, Director

Address: 60 Edgewater Dr.  
Apt. 6H  
Coral Gables, FL 33133

Name and Title: Fern E. Thomas, President, Director

Address: 372 Central Pk W  
Apt. 9X  
New York, NY 10025

Name and Title: Antonio A. Morales, Jr., VP, Director

Address: 7141 Santa Monica Blvd.  
Apt. 407  
W Hollywood, CA 90046

Name and Title: Lambros Katsoufis, S. T. Director Name and Title: \_\_\_\_\_  
Address: 3081 Day Ave. Address: \_\_\_\_\_  
Miami, FL 33129 \_\_\_\_\_  
\_\_\_\_\_  
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: Lambros Katsoufis  
Address: 1801 SW 3rd Ave., Suite 200  
Miami, FL 33129

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lambros Katsoufis  
Address: 1801 SW 3rd Ave., Suite 200  
Miami, FL 33129

**ARTICLE VIII EFFECTIVE DATE:** August 13, 2019

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent  
August 13, 2019  
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  
August 13, 2019  
Date