

N190000D12485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

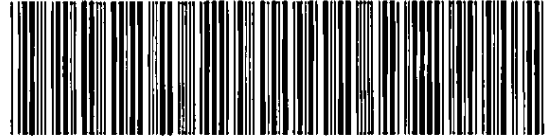
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337849537

12/10/19--01001--017 **70.00

FILED
2019 DEC 10 PM 2:17
SECRETARY OF STATE
ATLANTA, GA 30334

COVER LETTER

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

SUBJECT: Camp Summer Garden, 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: Inis N. Davis
Name (Printed or typed)

111 S. Monroe Street
Address

Tallahassee, FL 32301-1110
City, State & Zip

(850)322-1399
Daytime Telephone number

ind05@my.fsu.edu
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

The name of the corporation shall be:

Camp Summer Garden, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

111 S. Monroe Street
Tallahassee, FL 32301-1110

Mailing address, if different is:

Same as street
address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for such charitable and educational purposes as allowed under section 501(c)(3) of the IRS Code as well as any and all other lawful purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Iris N. Davis (Executive Director)

Name and Title:

Address

111 S. Monroe Street
Tallahassee, FL 32301-1110

Address:

Name and Title:

Tia Walton-Walker (Director)

Name and Title:

Address

2312 Killearn Center Blvd
Building A

Address:

Tallahassee, FL 32309

Name and Title:

Elaine Webb (Director)

Name and Title:

Address

111 S. Monroe Street
Tallahassee, FL 32301-1110

Address:

SECRETARY OF STATE
TALLAHASSEE, FL 32301

19 DEC 10 PM 2:17

FILED

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: IRIS DAVIS

Address: 111 S. Monroe Street
Tallahassee, FL 32301-1110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IRIS DAVIS

Address: 111 S. Monroe Street
Tallahassee, FL 32301-1110

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/10/2019 (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.

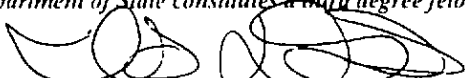
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

12/10/2019
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

12/10/2019
Date