

N230000009197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

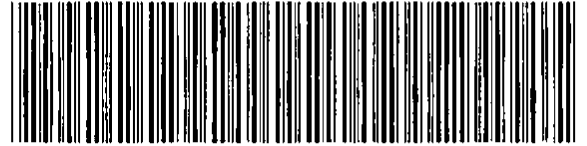
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/23/23--01022--020 ++70.00

2023 JUN 23 AM 3:27
Filing Office

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

SUBJECT: CAMELOT FLORIDA
(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: CORNELIUS COSENTINO
Name (Printed or typed)

708 S. DAVIS BLVD
Address

TAMPA FL 33606
City, State & Zip

813 784 -4669
Daytime Telephone number

Neil.Cosentino@icloud.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

AN FILE SEE LETTER ATTACHED



Florida Nonprofit Filing

Filing Information

If an effective date is required for this filing, enter here 06/18/2023 (MM/DD/YYYY) What is an effective date?

Required Filing Fees: \$70.00

Certificate of Status ☐ \$8.75 (Optional) What is a certificate of status?

Certified Copy ☐ \$8.75 (Optional) What is a certified copy?

Corporate Name CAMELOT FLORIDA INC.

(Name must include suffix such as "Corporation" or "Corp", "Incorporated" or "Inc.". A non-profit entity cannot use "Company" or "Co.")

Manner in which directors are elected:

☒ As provided for in the bylaws.

- OR -

List specific manner of election or appointment of directors in space below.

Principal Place of Business (The principal address must be a street address)

Address 708 S. DAVIS BLVD

Suite, Apt. #, etc.

City, State TAMPA, FL

Zip Code & Country 33606 US

Mailing Address

If your corporate mailing address is the same as the principal address above, please check the box below. Otherwise, enter your corporate mailing address.

☒ Mailing address same as principal address

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

Name And Address of Registered Agent What is a registered agent?

Name COSENTINO, CORNELIUS,
Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business to serve as RA

(Must be different from entity name being filed)

2023 JUN 23 AM 3:27
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-18-23 BY 60322 UCBAW

Address **708 S. DAVIS BLVD** (PO Box not acceptable)
Suite, Apt. #, etc.
City, State **TAMPA**, FL
Zip Code & Country **33606 US**

The Registered Agent must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on the entity's behalf. Do not enter the name of the entity you are attempting to file as Registered Agent. A business entity cannot serve as its own RA.

Registered Agent Signature

Cornelius Cosentino

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. 831.06, F.S.

Notice of Annual Report

This corporation must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain "active" status. The corporation's first annual report will be due between January 1st and May 1st of the calendar year following the year the corporation is formed and must be filed online. The fee to file a Corporation Annual Report is \$61.25. Reminder notices to file the Annual Report will be sent to the e-mail address you provide in these articles.

Incorporator Name And Address

Name **CORNELIUS COSENTINO**
Address **708 S. DAVIS BLVD**
Suite, Apt.#, etc.
City, State & Zip Code **TAMPA FL 33606**

Electronic Signature of Incorporator

Cornelius Cosentino

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Corporate Purpose

(Maximum of 240 characters.)

**CAMELOT FLORIDA IS A PUBLIC
INTEREST THINK TANK. OUR
VISION MISSION GOALS: FLORIDA
FIRST IN QUALITY OF LIFE AND
STANDARD OF LIVING //**

240 characters remaining

Correspondence Name And E-mail Address Why do you need my e-mail address?

Please enter your e-mail address carefully and verify that it is correct. This is the address correspondence pertaining to this filing and future annual report notices will be sent.

Name **CORNELIUS COSENTINO**
E-mail Address **NEIL.COSENTINO@icloud.com**
Re-enter E-mail Address **NEIL.COSENTINO@icloud.com**

Officer/Director Name And Address

2023 JUN 23 AM 3:27
Filing Date

List the name and address of each officer/director now. A non-profit corporation must have 3 directors at all times. This information is required to open most bank accounts and to obtain workers' comp exemption. Once this document is filed, any changes will require an amendment, which cannot be filed online, and cost an additional \$35.00 filing fee.

Title P (P, VP, etc...)

Name COSENTINO, CORNELIUS,

Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

708 S. DAVIS BLVD

City, State

TAMPA FL

Zip Code & Country

33606 US

Title (P, VP, etc...)

Name TILLEY, DAVID,

Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

4706 RIDGE POINT DR

City, State

TAMPA FL

Zip Code & Country

33624 US

Title SEC (P, VP, etc...)

Name HOWARD, MARTIN,

Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

841 MANHATTEN AVE

City, State

HERMOSA BEACH CA

Zip Code & Country

90254

Title (P, VP, etc...)

N/A

Name

N/A

Last Name First Name Initial Title (Sr., Jr., etc.)

- OR -

Business Name to serve as Officer

Street Address

City, State

FILED, 6/18/23, 5:23 PM

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