

N23000012423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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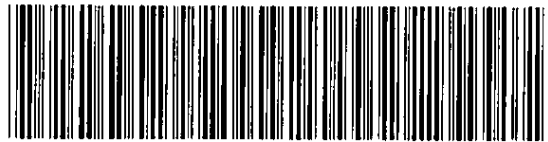
(Business Entity Name)

(Document Number)

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2023 OCT 13 PM 1:10
TALLAHASSEE, FLORIDA

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: HAMP CAMP, 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: Albert Hampton
Name (Printed or typed)

2261 Parrot Ln
Address

Tallahassee, FL 32303
City, State & Zip

850-127-3854
Daytime Telephone number

hampfoundation77@gmail.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

The name of the corporation shall be: HAMP CAMP Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2261 Parrot Ln. Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to train, develop and give the youth an opportunity to learn the fundamental skills of sports, as well as develop, promote, and demonstrate positive active and reliable individuals within the community. HAMP CAMP Inc. will focus on mentoring students, planning community events and exhausting all methods of improving the community. HAMP CAMP Inc. will have programs that will help to develop youth into positive, healthy, and productive adults.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors shall be appointed by the CEO/Executive Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERT HAMPTON

Address: 2261 PARROT LN
TALLAHASSEE, FL 32303
CEO/PRESIDENT

Name and Title: SHAMEKA HAMPTON

Address: 2261 PARROT LN
TALLAHASSEE, FL 32303
Executive Secretary

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: ALBERT HAMPTON
Address: 2261 parrot ln
Tallahassee, FL 323

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALBERT HAMPTON
Address: 2261 PARROT LN
32303


ARTICLE VIII EFFECTIVE DATE:

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 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

10/13/2023
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

10/13/2023
Date