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

SUBJECT: Actides of Team Camp U. SA., Inc.
(Proposed corporate name - must include suffix)

Enclosed is an origir	nal and one(1) copy of the artic	les of incorporation and a c	SHECK TOE.
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status

		FROM:	Williams + Holz Name (Printed or typed)
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		超雪户	224 - 451 O Daytime Telephone number

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

ARTICLES OF INCORPORATION OF TEAM CAMP U.S.A., INC.

or under the provisions

The undersigned natural person, of legal age, acting as Incorporator under the provisions of Chapter 607, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I

Name and Address of Corporation

The name of this Corporation shall be **Team Camp U.S.A.**, **Inc.**, and its principal office address and mailing address shall be 3791 Loma Farm Road, Tallahassee, Florida 32308.

ARTICLE II

Purposes

This Corporation may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III

Stock Clause

The aggregate number of shares of stock which this Corporation shall have authority to issue shall be One Hundred (100) shares of common stock, all of one class at One Dollar (\$1.00) par value per share.

ARTICLE IV

Duration

The Corporation shall have perpetual existence.

ARTICLE V

Initial Registered Office and Agent

The address of this Corporation's initial registered office is 113 North Madison Street, Quincy, Florida 32351, and the name of its initial registered agent at said address is Max T. Clark.

ARTICLE VI

Incorporator

The name and address of the Incorporator is as follows:

<u>Name</u>

Address

John O. Pons, Jr.

3791 Loma Farm Road Tallahassee, FL 32308

ARTICLE VII

Board of Directors

The business of the Corporation shall be managed initially by a board of four (4) directors. The number of directors may be, as provided in the By-Laws, increased or decreased, but shall never be less than one (1) director or greater than four (4) directors. The names and addresses of the directors constituting the initial board are:

<u>Name</u>	<u>Address</u>
John O. Pons, Jr.	3791 Loma Farm Road Tallahassee, FL 32308
Kay B. Pons	3791 Loma Farm Road Tallahassee, FL 32308
Jacqueline K. Pons	3791 Loma Farm Road Tallahassee, FL 32308
Kristy Pons	3791 Loma Farm Road Tallahassee, FL 32308

ARTICLE VIII

Effective Date

The date that corporate existence shall begin shall be upon filing by the Secretary of State. This election is pursuant to Chapter 607, Florida Statutes.

ARTICLE IX

Fiscal Year

The accounting period which this Corporation intends to establish as its first fiscal year for federal and state purposes shall be the fiscal year ending on the last day of December, 2000.

ARTICLE X

By-Laws

By-Laws of this Corporation may be adopted, amended, or repealed by either the Board of Directors or by the Stockholders except as otherwise provided in the By-Laws.

IN WITNESS WHEREOF, the undersigned, being the sole Incorporator of this Corporation, executors these Articles of Incorporation and certifies to the truth of the facts herein stated in the State of Florida, this 12 day of 201.

John O. Pons. Jr.

State of Florida County of Leon

The foregoing Articles of Incor	poration of Team Camp U.S.A., Inc., was acknowledged
before me this 12th day of July	, 2001, by John O. Pons, Jr., who is personally known
to me OR who presented known	as photographic identification.
Barbara & Em	 ൃഷ്യൂപ്പു Barbara L King
	A May American L King → May → My Commission CC841123 ****** Expires May 31, 2003
	Expires May 31, 2003

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT/OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, TEAM CAMP U.S.A., INC., AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I,

MAX T. CLARK 113 North Madison Street Quincy, Florida 32351

HEREBY ACCEPT THE APPOINTMENT OF REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

2-8-01

Date

SECRETARY OF STATE