



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/09/2009	200915901864	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ZAPPITELLI FINANCIAL SERVICES LP
9946 JOHNNYCAKE RIDGE RD
CONCORD, OH 44077

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1862368

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAMERON SPRINGS INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200915901864



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 8th day of June, A.D.
2009.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☒ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

RECEIVED

JUN 08 2009

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Cameron Springs Inc.

SECOND: Location Fairport Harbor Lake
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 750 Common no par value
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional**FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

Bryan Cody VanBoxel

(Name)

310-1/2 Vine Street

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Fairport Harbor

(City)

OH

(State)

44077

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

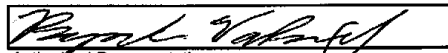
(City)

(State)

(Zip Code)

REQUIREDMust be authenticated
(signed) by an authorized
representative

(See Instructions)



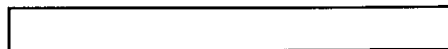
Authorized Representative

Bryan Cody VanBoxel

(print name)

06/04/2009

Date

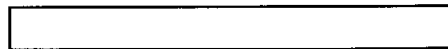


Authorized Representative

(print name)




Date


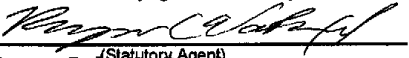


Authorized Representative

(print name)



Date

Complete the information in this section if box (1) (2) or (3) is checked.	
ORIGINAL APPOINTMENT OF STATUTORY AGENT	
The undersigned, being at least a majority of the incorporators of <u>Cameron Springs Inc.</u>	
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is	
<u>Bryan Cody VanBoxel</u>	
<small>(Name)</small>	
<u>310-1/2 Vine Street</u>	
<small>(Street)</small> NOTE: P.O. Box Addresses are NOT acceptable.	
<u>Fairport Harbor</u>	<u>44077</u>
<small>(City)</small>	<small>(Zip Code)</small>
Must be authenticated by an authorized representative	<div> Authorized Representative Bryan Cody VanBoxel</div>
	<div><u>06/04/2009</u> Date</div>
	<div><div></div> Authorized Representative</div>
	<div><div></div> Date</div>
	<div><div></div> Authorized Representative</div>
	<div><div></div> Date</div>
ACCEPTANCE OF APPOINTMENT	
The Undersigned,	<u>Bryan Cody VanBoxel</u> , named herein as the
Statutory agent for,	<u>Cameron Springs Inc.</u>
, hereby acknowledges and accepts the appointment of statutory agent for said entity.	
Signature: <u></u> <small>(Statutory Agent)</small> Bryan Cody VanBoxel	