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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6001

From: Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT
Please retain original filing date of submission 8/2/10

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Camper Atlantic Corp.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

Please give to:
Dale White
Thank You!

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -3 PM 12:51

APPROVED
AND
FILED

141



August 3, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CAMPER ATLANTIC CORP.
REF: W10000036269

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The addresses for the officers & directors are illegible.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

FAX Aud. #: H10000174237
Letter Number: 510A00018639

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAMPER ATLANTIC CORP.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LEONARD STAHL

Name of Person

CAMPER ATLANTIC CORP.

Firm/Company

15 ASHINGTON DRIVE

Address

OSSINING, NEW YORK 10562

City/State and Zip code

LENSTAHL@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARD STAHL

at (914) 762-2223

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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AND
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

10 AUG -2 PM 12:51

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. CAMPER ATLANTIC CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 13-4098119

(FEI number, if applicable)

4. AUGUST 3, 1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON REGISTRATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 270 LAFAYETTE ST., NEW YORK, NY 10012

(Principal office address)

270 LAFAYETTE ST., NEW YORK, NY 10012

(Current mailing address)

8. RETAIL SHOE STORE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Juan Grajeda
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: E CARPIO MARTINEZ

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N
07300 INCA(MALLORCA) SPAIN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: MARTIN TRUYOLS

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N
07300 INCA(MALLORCA) SPAIN

Director: _____

Address: _____

B. OFFICERS

President: E CARPIO MARTINEZ

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N
07300 INCA(MALLORCA) SPAIN

Vice President: MARTIN TRUYOLS

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N
07300 INCA(MALLORCA) SPAIN

Secretary: MARTIN TRUYOLS

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N, 07300 INCA(MALLORCA) SP.

Treasurer: JUAN TOMAS PUIGSERVER

Address: CAMPER ATLANTIC CORP., C/O COFLUSA SAU, POLIGONO INDUSTRIAL S/N, 07300 INCA(MALLORCA) SP.

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. MARTIN TRUYOLS, VICE PRESIDENT.

(Typed or printed name and capacity of person signing application)

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AND
FILED

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Delaware

The First State

PAGE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMPER ATLANTIC CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF APRIL, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAMPER ATLANTIC CORP." WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3078234 8300

100442686

You may verify this certificate online
at corp.delaware.gov/authrev.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7963389

DATE: 04-29-10