



OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

7448-556-1

JULY 11, 2024

NORTHWEST REGISTERED AGENT SERVICE, INC.
2501 CHATHAM RD SUITE N
SPRINGFIELD, IL 62704

RE CAMOIN ASSOCIATES, INC.

Dear Sir or Madam:

Congratulations! We're pleased to inform your request to transact business in the State of Illinois has been approved and your Corporation has been recorded with the Illinois Secretary of State.

Under State Laws, Corporations:

1. Must file an annual report and pay franchise taxes, if applicable, prior to the first day of the anniversary month each year. (Failure to file in a timely manner may result in penalties). A printed annual report will be mailed to the registered agent 60 days prior to due date.
2. Cannot issue or sell securities except in compliance with Illinois Securities Laws and Statutes. For more information contact Securities Department at (217) 782-2256 or (312) 793-3384.

Online Assistance for your business:

Visit www.ilsos.gov to:

- o File your annual report online
- o Check the |status| of your company
- o Access business resources, forms and other services
- o Purchase a Certificate of Good Standing

Special Alert:

As of January 1, 2024, the federal Corporate Transparency Act (CTA) requires businesses to file Beneficial Ownership Information (BOI) to the U.S. Treasury's Financial Crimes Enforcement Network (Fincen).

Unless included in FinCen's list of 23 exemptions, business created:

- o Before January 1, 2024, must file a BOI by January 1, 2025
- o In 2024 must file a BOI within 90 days of creation
- o In 2025 (and after) must file within 30 days of creation.

Visit www.fincen.gov for more information.

Please do not hesitate to contact my Business Services Department if you have any questions or need further assistance.

Alexi Giannoulas
Illinois Secretary of State
Department of Business Services - Corporation Division (217) 782-6961

FORM **BCA 13.15** (rev. July 2021)
**APPLICATION FOR AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS**
Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1834
www.ilsos.gov

FILED
JUL 11 2024
ALEXI GIANNOULIAS
SECRETARY OF STATE

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to the Secretary of State.

SEE NOTE 1 CONCERNING PAYMENT.

File # 7448-5561

Filing Fee: \$ 150 Franchise Tax: \$ _____ Penalty/Interest: \$ _____ Total: \$ 150 Approved: bc

-----Submit in duplicate -----Type or print clearly in black ink-----Do not write above this line-----

1. (a) CORPORATE NAME: Camoin Associates, Inc.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: _____

(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the
transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation New York; Date of Incorporation Feb 7 2000; Period of Duration Perpetual

3. (a) Address of the principal office, wherever located: 25 Fox Mead
Suffield CT 06078
(b) Address of principal office in Illinois:
(If none, so state) NONE

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent: Northwest Registered Agent Service, Inc.
First Name Middle Initial Last Name
Registered Office: 2501 Chatham Rd Suite N
Number Street Suite # (A P.O. Box alone
Springfield IL 62704 Sangamon is not acceptable.)
City ZIP County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation.) NY

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

	Name	No. & Street	City	State	ZIP
President	Robert Camoin	- PO Box 3547	Saratoga Springs	NY	12866
Secretary	Robert Camoin	- PO Box 3547	Saratoga Springs	NY	12866
Director	Robert Camoin	- PO Box 3547	Saratoga Springs	NY	12866
Director					
Director					

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size.)
Economic Development Consulting

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common		0.00	200	180
(If more, attach list)				

9. Paid-in Capital: \$ 100
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property* of the corporation for the following year: \$ 18,000
(b) Give an estimate of the total value of all the property* of the corporation for the following year that will be located in Illinois: \$ 0
(c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 4,500,000
(d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 125,000

11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? **No**
(b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated July 11, 2024
(Month Day) (Year)

CAMOIN ASSOCIATES, INC.
(Exact Name of Corporation)

Robert Camoin
(Any Authorized Officer's Signature)

Robert Camoin - President

(Print Name and Title)

- * PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1 — Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State." The minimum fee due upon qualification is \$150. Any additional fees will be billed and must be paid before this application can be filed.

- Please see filing periods set forth below regarding the franchise tax exemption amount for each year. (Tax amount minus exemption amount. If a negative number, no franchise tax due.)

Franchise Tax Liability Exemption Amounts

FILING PERIOD EXEMPTION AMOUNT
After 1/1/21 Exemption \$1,000.00

- **The minimum total due** (franchise tax + filing fee) is \$150.