

PI 2000012940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

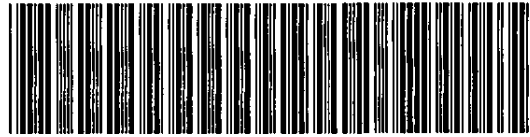
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB -6 PM 2:03
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TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: CAMP Distributor's inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Calvin Mohan
Name (Printed or typed)

108 Spano Drive
Address

Ft.pierce Florida 34947
City, State & Zip

786-897-3644
Daytime Telephone number

calvmohan@hothail.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 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME CAMP Distributor's inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
108 Spano Drive
Ft. Pierce
Florida 34947

Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Distributor of goods for convenient stores

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Calvin Mohan- General Manager Name and Title: _____
Address: 108 Spano Drive Ft. Pierce Address: _____
Florida 34947 _____

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: Calvin Mohan
Address: 108 Spano Drive
Ft. Pierce Florida 34947

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Calvin Mohan
Address: 108 Spano Drive
Ft. Pierce Florida 34947

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

Calvin Mohan _____ 02/03/2012 _____
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Calvin Mohan _____ 02/03/2012 _____
Required Signature/Incorporator Date