

P13000019179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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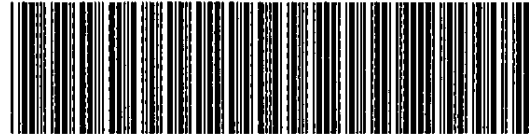
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/27/13

COVER LETTER

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

SUBJECT: Got Camo 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Brian J. Keymout
Name (Printed or typed)

20855 Reynolds Parkway
Address

Orlando, Florida 32833
City, State & Zip

(407) 948-7863
Daytime Telephone number

Bkeymout@gmail.com
E-mail address: (to be used for future annual report notification)

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

Cover Letter

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

Subject: Got Camo Inc.

Enclosed are an original and one copy of the articles of incorporation and a check for:

Filing Fee, Certified Copy, & Certificate of Status in the amount of \$87.50

From: Brian J. Keymont

Address: 20855 Reynolds Pkwy
Orlando, FL 32833

Contact #: 407-948-7863

Email Address: gotcamoinc@gmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I: Got Camo Inc.

Article II: 20855 Reynolds Pkwy
Orlando, FL 32833

Article III: The purpose of Got Camo Inc. will be to provide liquid
image transferring

Article IV: 100 shares of stock will be issued

Article V: President
Brian J. Keymont 20855 Reynolds Pkwy
Orlando, FL 32833

Article VI: Brian J. Keymont
20855 Reynolds Pkwy
Orlando, FL 32833

Article VII: Brian J. Keymont
20855 Reynolds Pkwy
Orlando, FL 32833

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.



Required Signature / Registered Agent

2/8/13

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.



Required Signature / Incorporator

2/8/13

Date