

P120000012940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300219224863

02/06/12--01010--021 **78.75

FILED
12 FEB -6 PM 2:03
SECRETARY OF STATE
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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$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)

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

Required Signature/Registered Agent

02/03/2012

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

Required Signature/Incorporator

02/03/2012

Date