## P12000012940

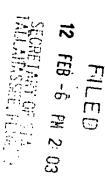
(Re	questor's Name)	
(100	9403101 3 1441110)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300219224863

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



1/4

## **COVER LETTER**

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

SUBJECT: CAMP Distributor's inc.		WANTE AND DESIGNATION
(PROPOSED CORPORA	<b></b>	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
·	ADDITIONAL CO	PY REQUIRED
FROM: Calvin Mohan Name	(Printed or typed)	
108 Spano Drive	Address	
Ft.pierce Florida 34947 City,	State & Zip	· <del></del> -
786-897-3644  Daytime To	elephone number	
calvmohan@hothail.com E-mail address: (to be used	I 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	VAME CAMP Distributor's inc		J. (* 1011)	FILED		
The name of the corp	oration shall be:	•		12	FEB -6	PM 2:
ARTICLE II I	PRINCIPAL OFFICE					
40	Principal street address	N	failing address	if diff	APASSE:	<b>非系数</b>
	8 Spano Drive		<del> </del>		<u> </u>	<u> </u>
FL. Flo	Pierce orida 34947					
1_15	// WG V-1V-1		····			·····
ARTICLE III P						
	ich the corporation is organized is: loods for convenient stores					
_						
ARTICLE IV S						
	NITIAL OFFICERS AND/OR DIRECTO					
Name and Title Address:	e:Calvin Mohan- General Manager 108 Spano Drive Ft.Pierce					<del></del>
Address:	Florida 34947	Address,				
	LIUIWA 57571					
	e:	Name and Title:				
Address:		Address:				<del></del>
						<del></del>
					<del></del>	
Name and Titl	e:	Name and Title:				
Address:		Address: _				
ARTICLE VI	REGISTERED AGENT					
	da street address (P.O. Box NOT acceptable)	of the registered agen	t is:			
Name:	Calvin Mohan					
Address:	108 Spano Drive					
	Et. Pierce Florida 34947	<del></del>				
ADTICLE VII 1	INCORPORATOR					
	ess of the Incorporator is:					
Name:	Calvin Mohan					
Address:	108 Spano Drive	<u> </u>				
	Ft.Pierce Florida 34947					
Having been named	l as registered agent to accept service of proc	ess for the above stat	ed corporatio	n at th	e place desi;	gnated in
this certificate, I am	familiar with and accept the appointment as r	egistered agent and a	gree to act in t	this cap	pacity	
	- 101					
_ Cau	IM Woran		(	02/03	/2012	<del></del>
	Required Signature/Registered Agent		_		Date	
I submit this docum document to the Den	nent and affirm that the facts stated herein a partment of State constitutes a third degree felo	re true. I am aware : ony as provided for in	that the false s.817.155, F.	inforn S.	ation subm	itted in a
		•	-			
_ caw	in Nohan			02/0	3/2012	<del></del>
	Required Signature/Incorporator				Date	