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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificate	s of Status
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Special Instructions to	Filing Officer:	
		

Office Use Only



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01-14-16

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CaMaCo LLC.		
SUBJEC		Limited Liabilit	y Company
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:
	James Wheeler		
	- · · · · · · · · · · · · · · · · · · ·	Name of I	Person
		Firm/Con	npany
	802 W Kirby St		
		Addre	SS
	Tampa, FL 33604	,	
	jwheels55@yahoo.com	City/State and	I Zip Code
	E-mail address: (to be us	sed for future an	nnual report notification)
For furthe	r information concerning this matter, ple	ease call:	
	Janet Wheeler	813	785-9530
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

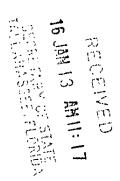


FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2015

JAMES WHEELER 802 W KIRBY ST TAMPA, FL 33604

SUBJECT: CAMACO LLC Ref. Number: W15000082950



We have received your document for CAMACO LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 015A00027151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		 -	-	٠,	
(Must end with the words "Limit					
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited	Liability Company is:			
Principal Office Address:		Mailing Add	ress:		
802 W Kirby St Tampa, FL 33604		W Kirby St npa, FL 33604-4704			
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra	wn Registered Agent.		ndividual or		
The name and the Florida street address of the register	red agent are:		Ea.	16	
James Wheeler			A TOTAL STATE OF THE STATE OF T	JAN	some me
	Name		7.55 7.55	<u></u>	eminimo Contracto C
802 W Kirby St			ifij-< ro _{vo}		र्षे नावध्यम्
Florida street addr	ress (P.O. Box NOT a	icceptable)	語の		; 1 E
_Tampa	FL	33604	22	6U :¶	America

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
AMBR	Janet Wheeler
	802 W Kirby St
	Tampa, FL 33604-4704
	THE COLUMN
	0A 4:
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ective date is listed, the date n of filing.)	
E V: Effective date, if other the ective date is listed, the date not filling.)	does not meet the applicable statutory filing requirements, this date will no
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ARTICLE IV-