

N08000005683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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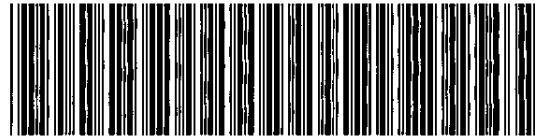
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
08 JUN 13 PM 1:53 2008 JUN 13 PM 1:41
TALLAHASSEE, FLORIDA
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Handwritten signature

COVER LETTER

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

SUBJECT: _____

LonCam, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: _____

Camilla Williams

Name (Printed or typed)

507 Dupont Dr.

Address

Tallahassee FL 32305

City, State & Zip

(850) 575-2643

Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: *Loncam, Inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*507 Dupont Dr.
Tallahassee, FL 32305*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Charity - Raise money to help people in various situations

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As according to the Bylaws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

*Camilla Williams
507 Dupont Dr.
Tallahassee, FL 32305*

*Cameron Williams
507 Dupont Dr.
Tallahassee, FL 32305*

*London Jones
507 Dupont Dr.
Tallahassee*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Camilla Williams
507 Dupont Dr.
Tallahassee, FL 32305*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Camilla Williams
507 Dupont Dr.
Tallahassee, FL 32305*

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.

Camilla Williams

Signature/Registered Agent

3/6/08

Date

Camilla Williams

Signature/Incorporator

3/6/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA