P02000124671

(Requestor's Name)
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(Address)
,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TRANSMITTAL LETTER

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Department of State	-	
Division of Corporations	_	
P. O. Box 6327		
Tallahassee, FL 32314		
SUBJECT: CAM Inc.		
SUBJECT: CAM Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:
D H		D 40- 40
□ \$70.00	□ \$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	
		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
FROM: Mitzi S. He Name (Pr	ndrvk	
Name (Pr	rinted or typed)	
•		
235 MAIN St	•	
A	Address	
٠ · ·	20011	
Destin, FL City,	<u> 32541</u>	
City, S	State & Lip	
GEN \$27 /014		
850-837-6915 Daytime To	clephone number	
zujune 1		

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

D'\$1319



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 31, 2002

MITZI S HENDRYX 235 MAIN ST DESTIN, FL 32541

SUBJECT: CAM INCORPORATED Ref. Number: W02000031317

We have received your document for CAM INCORPORATED, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6919.

Letter Number: 902A00059813

Beth Register
Corporate Specialist Supervisor
New Filings Section

	FILED
ARTICLE I NAME	_ FILED
The name of the corporation shall be:	02 NOV 18 PM 1
Coastal Ace management Inc.	SECHLIAM ST TALLAHASSEE, FL
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	— ·
P.O. Box 1898	
Destin, FL 32540	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To centralise bookkeeping for other corpora	tions
10 centralise bookseeping to other corpora	nons.
ADMICE D. III. CITADDO	
ARTICLE IV SHARES The number of shares of stock is:	
/ 000	· &
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s) and address(es):	
Alvin J. Hendryx - President	
mitzi S. Hendryx - Sec/TreAs	
500 Beach Dr.	
JUU DEMUNINI	
Destin, FL 32541	
Destin, FL 32541 <u>ARTICLE VI REGISTERED AGENT</u>	
Destin, FL 32541 <u>ARTICLE VI REGISTERED AGENT</u>	
Destin, FL 32541 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Destin, FL 32541 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Mitzi S. Hendryx 500 Beach Dr.	
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