## P0300024419

|                                 | <del></del>        |             |
|---------------------------------|--------------------|-------------|
| (Re                             | equestor's Name)   |             |
|                                 | ·                  |             |
| (Ac                             | idress)            |             |
|                                 |                    |             |
| (Ac                             | ldress)            | <del></del> |
|                                 |                    |             |
| (Ci                             | ty/State/Zip/Phone | e #)        |
| PICK-UP                         | ☐ WAIT             | MAIL        |
|                                 |                    |             |
| (Bu                             | isiness Entity Nan | ne)         |
|                                 |                    |             |
| (Do                             | ocument Number)    |             |
|                                 |                    |             |
| Certified Copies                | _ Certificates     | of Status   |
|                                 |                    |             |
| Our sight and the sight and the | Eiling Officer     |             |
| Special Instructions to         | Filing Officer:    | ļ           |
|                                 |                    | ļ           |
|                                 |                    |             |
|                                 |                    |             |
|                                 |                    | 1           |
|                                 |                    |             |
|                                 |                    | ĺ           |
|                                 |                    |             |

Office Use Only



800012308308

02/14/03--01028--014 \*\*78.75 -



CB 3-3

## TRANSMITTAL LETTER

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

| Enclosed are an orig | ginal and one (1) copy of the art          | icles of incorporation and                           | l a check for:   |
|----------------------|--|--|--|
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED |
| FROM:                | _  | Printed or typed)                                    | vit 106  |
|                      | 1300 RAINTRE                               | Address  | 4711   |
|                      | 352-2112-1                                 | 7257   |  |

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

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 20, 2003

OLIVE RODWAY 1300 RAINTREE BEND UNIT 106 CLERMONT, FL 34711

We have received your document for OARCAM CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6925.

Letter Number: 203A00010926

Cynthia Blalock Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   | FILED  |
|--|--|
| ARTICLE I NAME The name of the corporation shall be:  OARCAM CORPORATION   | O3 FEB 28 AM 9: 05<br>SECKL ARCT OF STATE<br>TALLAHASSEE, FLORIDA  |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1300 RAINTREE BEND UNT-106  CLERMONT FLORINA 34711   | in the second se |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  | . ,, ,, , <del>-</del>   |
| ARTICLE IV SHARES The number of shares of stock is:  |  |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Olive KODWALL PRESIDENT) 1300 RAINTREE BEND UNIT 106 CLERMONT, FL 34711   | - <del>-</del>   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  OLIVE RODWAY  1300 RAINTREE BEND UNHOE  CLERMONH, FL BUTIL   |  |
| The name and address of the Incorporator is:  OLIVE RODWAY 1300 RAINTREE BEND UNITION CLERMONT FL 34711  | **********   |
| Having been named as registered agent to accept service of process for the above stated corcertificate, I am femiliar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agent agen |  |
| Signature/Registered Agent   | Date   |
| Signature/Incorporator   | 2-7-63   |
| - /  |  |