PD3000133220

(Requestor's Name)	<u>,</u>
(Address)	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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TRANSMITTAL LETTER

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

SUBJECT: DEJA CAM LON INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	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 PY REQUIRED	
FROM:	DALIAH R.	MARRIOTT (Printed or typed)		
	6373 NW 2	8 STREET Address		
	SUNRISE, City	F2. 33313 , State & Zip	3	
	954-572 Daytime	- 5546 Telephone number		

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 The name of the corporation shall be: ETA CAM YON INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 6373 NW 28 ST. SUNKISE, FL. 33313 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CUSTOMER SERVICE ARTICLE IV **SHARES** The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: DALIAH MARRIOTI 6373 NW 28 ST. SUNKISE FL. 33313 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: DALIAH MARKIOTT / STEVE DAWKINS 6373 NW 28 STREET FL 33313 SUNRISE 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 10miel Signature/Registered Agent

Date

Signature/Incorporator