## P05000016273

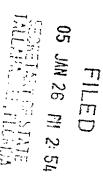
(Requestor's Name)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
<b>,</b>	ĺ	
Certified Copies	Certificate	e of Statue
Certified Copies	_ Ocidinosio	5 Of Otelas
Special Instructions to	Filing Officer:	

Office Use Only



400045296464

01/26/05--01011--008 \*\*87.50



0.1.2

## · TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 CAMERON ENTERPRISES FIRE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 1200 NORTH C.R. 315 MENROSE F.S. 32666 City, State & Zip

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

386-659-2892 Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME

Signature/Incorporator

in voniphoniov (11m) chapter of the original of the original of the original origina
ARTICLE I NAME
The name of the corporation shall be:  S. CAMERON ENTERPRISES, INC.
E CAMERON ENTERPRED
The state of the s
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
The principal place of business/mailing address is: 1200 NORTH C.R. 315
MECROSE, Fb. 32466
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
MO ETGAGE PROCESSING / LOAN OFFICER
ARTICLE IV SHARES
The number of shares of stock is:
1000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):  SHARON S. CAMERON  1200 NORTH C.R. 315  MEGROSE FL. 32666  SECRETARY,  SECRETARY
SHARONS. CAMERON V. PRESIDENT,
1200 NORTH C.R. 319 SECRETARY
MELROSE, FL. 32666 TREASURER
MELROSE, FL. 32666 TREASURER
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
SHADD S. CAMELON 1200 MORTH C.R. 315
1000 PORTH CIRCULA
MELROSE, Fb. 32666
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:  SHAPDN S. CAMERD P  1200 NORTH C. R. 315  1200 NORTH C. R. 32666
SHAPON S. C. P. 315
1200 NORTH CIL 32/66
MEUROSE, Fb. 32666
**************************************
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
Signature/Registered Agent Date