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| (Requestor's Name)                      |                       |        |
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| (Address)                               |                       |        |
| (Address)                               |                       |        |
| (Ci                                     | ty/State/Zip/Phone #) |        |
| PICK-UP                                 | ☐ WAIT                | MAIL   |
| (Business Entity Name)                  |                       |        |
| (Document Number)                       |                       |        |
| Certified Copies                        | Certificates of       | Status |
| Special Instructions to Filing Officer: |                       |        |
|   |                       |        |
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SECRETARY OF SHATE OF

150.02-11.05

# ALLAN C. DRAVES ATTORNEY AND COUNSELOR AT LAW

401 WEST COLONIAL DRIVE, SUITE 4 ORLANDO, FLORIDA 32804-6855

TELEPHONE (407) 422-2462 FACSIMILE (407) 422-2449

POST OFFICE BOX 4
ORLANDO, FLORIDA 32802-0004

February 26, 2005

#### BY FEDERAL EXPRESS AIRBILL NO. 8489 2761 1744

ATTENTION: FLORIDA FILINGS (850.245.6052)
Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: CAMCARLE INVESTMENTS, INC.
Articles of Incorporation

To whom it may concern: -

In connection with the foregoing, I enclose herewith the following:

- 1. Original Articles of Incorporation and designation and acceptance of registered agent for CAMCARLE INVESTMENTS, INC. for filing;
  - 2. My check number 9613 for \$78.75 for the filing fee and a certified copy.

# Please note my change of street address above.

Please call\_me with any questions regarding this matter. Thank you for your cooperation and assistance.

Very truly yours,

Allan C. Draves

ACD/cgf  $\equiv$  Encls.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

#### ARTICLES OF INCORPORATION

05 FEB -4 PM 2:41

#### <u>OF</u>

# CAMCARLE INVESTMENTS, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms this corporation under the laws of the State of Florida.

# ARTICLE I

#### **NAME**

The name of the corporation is: CAMCARLE INVESTMENTS, INC.

# **ARTICLE II**

### **ADDRESS**

The street address of the corporation's initial principal office is 235 S. Maitland Avenue, Suite 111, Maitland, FL 32794.

#### ARTICLE III

#### CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares of common stock. Each share shall have a par value of \$1.00 per share.

# ARTICLE IY

#### PURPOSE/NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida or of any other state, county, territory or nation.

#### ARTICLE V

#### SPECIAL PROVISIONS

The stock of this corporation is intended to qualify, if not otherwise prohibited, under the requirements of Section 1244 of the Internal Revenue Code and the regulations issued thereunder. Such actions as may be necessary, in accordance with the foregoing, shall be deemed to have been taken by the appropriate officers to accomplish compliance.

# ARTICLE VI

#### **REGISTERED OFFICE/AGENT**

The street address of the initial registered office of the corporation shall be 235 S. Maitland Avenue, Suite 111, Maitland, FL 32794 and the name of the initial Registered Agent for the corporation is Elza Mendes Viera.

#### ARTICLE VII

#### TERM OF EXISTENCE

This corporation shall exist perpetually.

#### ARTICLE VIII

#### INDEMNIFICATION

Each incorporator, director, shareholder, officer and registered agent, in consideration for his or her services, and in the absence of fraud or willful wrongdoing, shall be indemnified, whether then in office or not, for any and all reasonable costs or expenses incurred by him or her in connection with the defense of, or for advice concerning, any claim asserted or proceeding brought against him or her by reason of his or her being or having been a director, shareholder, officer or registered agent of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, shareholder, officer or registered agent may be entitled as a matter of law.

# ARTICLE IX

#### **DIRECTORS**

This corporation shall have a minimum of one director.

# ARTICLE X

# INCORPORATOR

The name and address of the Incorporator is:

Elza Mendes Viera 235 S. Maitland Avenue, Suite 111 Maitland, FL 32794

IN WITNESS WHEREOF, the undersigned has hereunto set her hand this February 2, 2005.

INCORPORATOR:

Second Jies Second Sec

STATE OF FLORIDA COUNTY OF ORANGE

Execution of the foregoing instrument was acknowledged before me this February 2, 2005 by Elza Mendes Viera, who is personally known to me OR who produced \_\_\_\_\_\_ as identification and who did/did not take an oath.

Notary Public

Sign:

Print:

My Commission expires:

Alian C. Draves

MY COMMISSION # DD145716 EXPIRES

October 21, 2006

BONDED THRU TROY FAIN INSURANCE, INC.

# DESIGNATION OF AND ACCEPTANCE BY REGISTERED AGENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 FEB -4 PH 2:41

The following is submitted in compliance with the laws of the State of Florida:

CAMCARLE INVESTMENTS, INC., a corporation organized under the laws of the State of Florida, with its principal office located at 235 S. Maitland Avenue, Suite 111, Maitland, FL 32794, has named Elza Mendes Viera, whose address is 235 S. Maitland Avenue, Suite 111, Maitland, FL 32794, as its Registered Agent to accept service of process within this State.

#### **ACCEPTANCE**

Having been named as Registered Agent to accept service of process for the above-named corporation at the place designated in this certificate, I state that I am familiar with the duties and responsibilities of Registered Agent and accept such appointment and agree to act in said capacity.

STATE OF FLORIDA

Execution of the foregoing instrument was acknowledged before me this February 2, 2005 by Elza Mendes Viera, who is personally known to me OR who produced as identification and who did/did not take an oath.

Notary Public

Sign: Print:

My Commission expires:

Allan C. Draves

MY COMMISSION # DD145716 EXPIRES
October 21, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

{SEAL}

COUNTY OF ORANGE