

P86800026748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

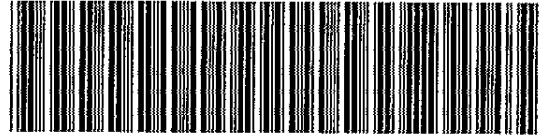
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-22-06  
191,

## COVER LETTER

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

SUBJECT: KAMOFLAGE GRAFFIX, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JOHN BENAVIDEZ

Name (Printed or typed)

911 FOREST HILL DRIVE

Address

MINNEOLA, FLORIDA 34715

City, State & Zip

407-209-7174

Daytime 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 NAME

The name of the corporation shall be:

KAMOFLAGE GRAFFIX, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

911 FOREST HILL DRIVE  
MINNEOLA, FLORIDA 34715

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN BENAVIDEZ, 911 FOREST HILL DRIVE, MINNEOLA, FL 34715, PRESIDENT  
JESSICA BENAVIDEZ, 911 FOREST HILL DRIVE, MINNEOLA, FL 34715, VICE PRESIDENT  
JOHN BENAVIDEZ, 911 FOREST HILL DRIVE, MINNEOLA, FL 34715, TREASURER

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN BENAVIDEZ  
911 FOREST HILL DRIVE  
MINNEOLA, FLORIDA 34715

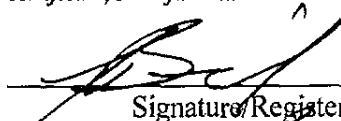
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


John Benavidez  
911 FOREST HILL DRIVE  
MINNEOLA, FLORIDA 34715

\*\*\*\*\*

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

2-13-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-13-06  
\_\_\_\_\_  
Date

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2006 FEB 20 P 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA