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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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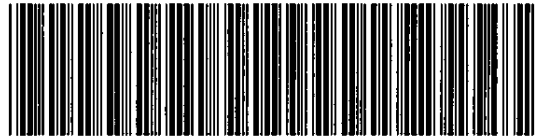
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN -6 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 6-7

COVER LETTER

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

SUBJECT: CAM Financial Enterprises, 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: Angelo Sparacia
Name (Printed or typed)

2416 Ardenwood Drive
Address

Spring Hill, FL 34609-4000
City, State & Zip

(352) 684-0634
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:

CAM Financial Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2416 Ardenwood Drive
Spring Hill FL 34609-4000

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angelo Sparacia
2416 Ardenwood Drive
Spring Hill FL 34609-4000

ARTICLE VI REGISTERED AGENT

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

Angelo Sparacia
2416 Ardenwood Drive
Spring Hill, FL 34609-4000

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angelo Sparacia
2416 Ardenwood Drive
Spring Hill, FL 34609-4000

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

Angelo Sparacia

Signature/Registered Agent

Angelo Sparacia

Signature/Incorporator

06-02-06

Date

06-02-06

Date

FILED

06 JUN -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA