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COVER LETTER

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

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SUBJECT: TamCam Tropicals, inc.		23331
(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Tamara Camden		
Name	(Printed or typed)	
819 Peacock Plaza, #	and the second s	
Key West, FL 33040	Address	
City,	State & Zip	
305-296-7837		
Daytime T	elephone 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

1

The name of the corporation shall be:

TamCam Tropicals, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

819 Peacock Plaza, #564 Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact any and all lawful business for a "Professional" corporation



The number of shares of stock is:

100 (one-hundred) with a par value of one-dollar (\$1.00) each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tamara Camden, President Wesley Camden, Vice President

ARTICLE VI REGISTERED AGENT

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

Tamara Camden 819 Peacock Plaza, #564 Key West, FL 33040

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

ramara Camden 819 Peacock Plaza, #564	
Key West, FL 33040	
************	**********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a	
Momara Camdon	7-1-06
Signature/Registered Agent	Date
Somme Combe	7-1-0C
Signature/Incorporator	Date