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## **COVER LETTER**

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

SUBJECT:	CamLon Inc. (PROPOSED CORPORA	TE NAME – <u>MUST ÎNCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	I a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Lamilla Willing Name (  507 Dupa  Tallahassee F  City, S  Daytime Te	n+ () r. Address  7. 32305  State & Zip	

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) 08 MAR -6 PM 2: 34 ARTICLE I \_NAME SECRETARY OF STATE TALLAHASSEE, FLORIDA The name of the corporation shall be: Pamlon Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 507 Dupunt Dr. Tallahassee, Fl. 32305 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and All Lawful Business ARTICLE IV SHARES The number of shares of stock is: 1,000,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Camilla Williams (President) 507 Dupon+Dr. Tallahassee, FC. 32305 Gwendulyn Victor 507 Dupon+Dr. (Vice-INesident) Tallchesier, Gl. 32305 REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: 507 Dupont Dr. Tallahassee, Fl. 32305 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Camilla Williams 507 Dupont Dr. Tallahassee, Fl. 32308 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