

PO800044053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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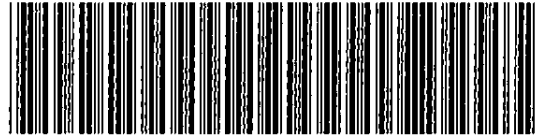
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR - 7 PM 3:09

FILED

5/1/08  
1908-47902  
4/8/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2008

SHAWN CAMNER  
1145 HOLLOW PINE DR  
OVIEDO, FL 32765

SUBJECT: CAMNER SOFTWARES, INC.  
Ref. Number: W08000017902

We have received your document for CAMNER SOFTWARES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00020602

## COVER LETTER

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

**SUBJECT:** CAMNER SOFTWARES, 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:** SHAWN CAMNER

Name (Printed or typed)

1145 HOLLOW PINE DR

Address

OVIEDO, FL 32765

City, State & Zip

407-977-2246

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:

CAMNER SOFTWARES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1145 HOLLOW PINE DRIVE, OVIEDO, FL 32765  
PO BOX 620402, OVIEDO, FL 32762

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SOFTWARE DEVELOPMENT AND SALES

### **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):

SHAWN T. CAMNER - PRESIDENT  
SILVANA S. CAMNER - VICE-PRESIDENT  
1145 HOLLOW PINE DRIVE, OVIEDO, FL 32765

### **ARTICLE VI REGISTERED AGENT**

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

SHAWN T. CAMNER  
1145 HOLLOW PINE DRIVE  
OVIEDO, FL 32765

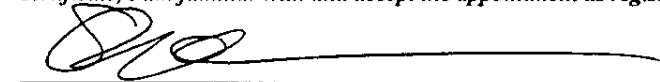
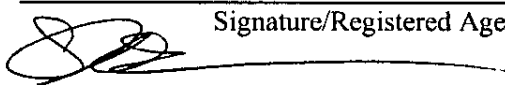
### **ARTICLE VII INCORPORATOR**

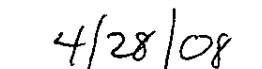
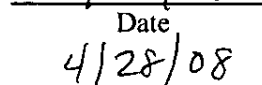
The name and address of the Incorporator is:

SHAWN T. CAMNER  
1145 HOLLOW PINE DRIVE  
OVIEDO, FL 32765

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

FILED  
08 APR - 7 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA