P09000093574

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
,	,	
		- 40
(CII	ty/State/Zip/Phone	₽#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(23	Billogo Ellity Hall	110)
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
0	Sw. ord	
Special Instructions to	Filing Officer:	





800162754088

11/13/09--01005--009 **87.50



1/-16-09

COVER LETTER

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

SUBJECT:	Alyssa C. Camper, Attorney At Law P.A.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	PY REQUIRED	
FROM:		a C. Camper e (Printed or typed)		
		Mission Ave		
		Address		
		stine, FI 32084 State & Zip		
	(904) 829-8611 elephone number		
		r@camperlaw.com		
	E-man address: (to be use	d for future annual report r	iourication)	

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:

Alyssa C. Camper, Attorney At Law P.A.

ARTICLE II PRINCIPAL OFFICE

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

STREET ADDRESS

MAILING ADDRESS

7 Old Mission Ave

P.O. Box 2175

St. Augustine, FI 32084

St. Augustine, FI 32085

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide legal services

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alyssa C. Camper - CEO

825 Oak Arbor Cir

St. Augustine, FI 32084

ARTICLE VI REGISTERED AGENT

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

Alyssa C. Camper

825 Oak Arbor Cir

St. Augustine, FI 32084

ARTICLE VII INCORPORATOR

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

Alyssa C. Camper

825 Oak Arbor Cir

St. Augustine, FI 32084

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 Date

11/6/09

Signature/Incorporator Date

