

P10000089784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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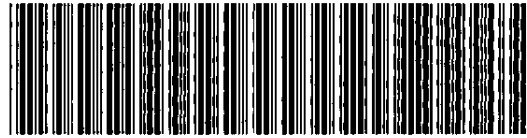
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/29/10--01020--011 **78.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

10 OCT 29 PM 3:43

APPROVED
AND
FILED

1/21

COVER LETTER

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

SUBJECT: iCam Network, 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: George M Garcia
Name (Printed or typed)

5365 Palm Ave #2
Address

Hialeah, FL 33012
City, State & Zip

784-262-1457
Daytime Telephone number

George@icamnetwork.com
E-mail address: (to be used for future annual report notification)

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 iCam Network, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5901 NW 151 St #209
Miami Lakes, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Profit

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Garcia President
Address: 5365 Palm Ave #2
Hialeah, FL 33012

Name and Title: _____
Address: _____

Name and Title: Daniel Lopez Vice President
Address: 682 E 23 St
Hialeah, FL 33013

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

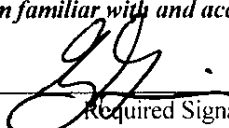
Name: George Garcia
Address: 5365 Palm ave #2
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: George Garcia
Address: 5365 Palm ave #2
Hialeah, FL 33012

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




Required Signature/Registered Agent

10/25/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/25/10

Date

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AND
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TALLAHASSEE FLORIDA