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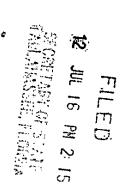
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COVER LETTER

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

SUBJECT: CAJ/CAM SOLU	110N2 1V	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incornoration and	a check for:
Enclosed and an original and one (1) copy of the art	cico or incorporazion and	a oncon tor.
□\$70.00	\$78.75	\$87.50
\$70.00 Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	
	1	& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
FROM: MICHAEL ROBINS	ON	·
Name	(Printed or typed)	
70 0.000	0.11- 00.11	ــر
7905 PARSONS	PINE DEI	
/	Address	
PALLIE IL DEN	CH SIADIA	1 77677
BOYNTON BEA	State & 7 in	*
City,	State & Zip	
561-306 -07	19	•
561-306 -07 Daytime T	elephone number	
MIKEROBINSON 764 @		
E-mail address: (to be used	d for future annual report n	iotification)

NOTE: Please provide the original and one copy of the articles.



July 9, 2012

MICHAEL ROBINSON 7905 PARSONS PINE DRIVE BOYNTON BEACH, FL 33437

SUBJECT: CAD/CAM SOLUTIONS, INC.

Ref. Number: W12000036159

We have received your document for CAD/CAM SOLUTIONS, INC. and your check(s) totaling \$78.75. 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 012A00018349

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:	CAM Solutions, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address 15 (47) TO BLACK 4 33/3	Mailing address, if different is:
ARTICLE V INITIAL OFFICERS AND/OR D Name and Title: (Microscott) (1000) (1000)	puter aided design as solutions to the sindustry for protit
Name and Title: Address:	Address:
Name and Title: Address:	Name and Title: Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac Name: Address:	exceptable) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 305 000 000	binson fine or h.FI 33487
this certificate, I am familiar with and accept the appoint	the of process for the above stated corporation at the place designated in the timent as registered agent and agree to act in this capacity Lorin Agent Date
document to the Department of State constitutes a third of	L ROBINSON 7/3/12