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MAR 30 2016

S. GILBERT

## **COVER LETTER**

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

\* >

SUBJECT: Camp Polymerhiss Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPO	RATÉ NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are ar	original and one (1) copy of the	articles of incorporation and	d a check for:		
☐ \$70. Filing F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO			
FROM	: Marissa Hylte Na	ime (Printed or typed)			
	1548 Sw 1918 Ave	Address			
	Pembrake Pins, FL	33029 ty, State & Zip			
	954-652-8640 Daytime	e Telephone number			
	Campaduenturis Elmail address: (to be u	sed for future annual report i	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)

. •	In compliance with Chapter 607 and/o	or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporat	ion shall be: Comp Adver	MURISS INCIG MAR 24 PM 2:38
	ion shari be.	10 FIAR 24 PM 2: 38
ARTICLE II PRINC	Principal street address	Mailing address, if different is:
1548 Sw 19	14 PTGE	TARSEL, PIDALE
Pembroke	Pines, FL 33009	
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is:	d care services
		<u> </u>
ARTICLE IV SHARE The number of shares of	ES took in 1/2	
ine number of shares of	Stock is: 100	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	
Name and Title	Marissa Hylten, CEG	Name and Title:
	1548 SW 1915 ARE	Address:
Address		· · · · · · · · · · · · · · · · · · ·
	Pembroke Pines, FC 32	
Name and Title:		Name and Title:
Address		
1 tudi ess		
	<del></del>	<u> </u>
Name and Title:		Name and Title:
Address		Address:

Name and Title:		Name and Title:	
Address		Address:	
,			
ARTICLE VI REGISTERED A The name and Florida street add		centable) of the registered agent is:	
Maria	C U 112.0	septione) of the registered agent is.	
Name: <u> V (   5  </u>	1 19 Par		
Address: <u>1548 St</u>	W 1913 AV		
Pemba	oke Pines Fo	4, 336,29	
ARTICLE VII INCORPORATE	<u>0R</u>		
The name and address of the Inco	orporator is:		
Name: Mari	ssc. Hulton		
Address: 1548.5	1918 A.R		
Address. 12100	mka Olas C		
PEMIO	roce Pines, Fi	<u> </u>	
ARTICLE VIII EFFECTIVE D			
Effective date, if other than the da (If an effective date is listed, the	te of filing:	. (OPTIO)	NAL)
days after the filing.)	date must be specific a	ang cannot de more than five di	isiness days prior or 90 business
Note: If the date inserted in this be the document's effective date on the			ments, this date will not be listed as
Having been named as registered this certificate, I am familiar with			orporation at the place designated in e to act in this capacity
Marian HI	1/		3/19/2011
Require	ed Signature/Registered	Agent	Date
I submit this document and affire document to the Department of St	n that the facts stated h	ierein are true. I am aware that	the false information submitted in a
Many HI	11	g jeroriy ne provincu jer in ne	Strilock
Required Signature find	corporator		<u> </u>

\$ . . <del>.</del>