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COVER LETTER

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

SUBJECT: CAMON INTERNATIONAL TECHNOLOGY CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
	Sprence Stevnont Nam 9015.W. 277		
,	000 Lowerd City 954-624-50 Daytime	-	33312
<u> </u>	TevuarT 6143-6	•	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)

RTICLE II PRINC	IPAL OFFICE		
RTICLE II PRINCIPAL OFFICE Principal <u>street</u> address -901 らいっとう ブセベスゆくや		Mailing address, if different is:	
bugal Truos	•		
Flowing.	·		
DTICLE III - DIIDDA	OCE.	•	
he purpose for which the	ne corporation is organized is: $\frac{SoSO}{}$	MEDE GENEROW	
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15-1-	<u> </u>		<u> </u>
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he number of shares of	ES stock is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	stock is: 100,000	Name and Title:	
he number of shares of **RTICLE V INITE Name and Title	Stock is: 100,000 LOFFICERS AND/OR DIRECTORS PROSECULATION PROS		
he number of shares of **RTICLE V INITE Name and Title	Stock is: 100,000 LOFFICERS AND/OR DIRECTORS CHARAGES CAMBOL PTRESCORIT ANDI SILL 27 TERRAGE		
he number of shares of **RTICLE VINITLA* Name and Title Address	EDEL SILL ETTERS AND/OR DIRECTORS CHARAGES CAMPOOL PTRESIDENT AROTS LAUGERIANDE FORT LAUGERIANDE	Address:	
he number of shares of **RTICLE VINITLA* Name and Title Address	Stock is: 100,000 LOFFICERS AND/OR DIRECTORS Clasace S. Cambed President AROI SILL 27 Terriage Court Lauderdale Closuda 33317	Address: Name and Title:	
he number of shares of **RTICLE V INITE* Name and Title Address Name and Title	EL OFFICERS AND/OR DIRECTORS PTRESIDENT AGOI SILL 27 Terrance Cort Louderdolp Clocuda 33317	Address: Name and Title: Address:	
he number of shares of **RTICLE V INITE* Name and Title Address Name and Title	EL OFFICERS AND/OR DIRECTORS PTRESIDENT AGOI SILL 27 Terrance Cort Louderdolp Clocuda 33317	Address: Name and Title: Address:	
he number of shares of RTICLE V INITE Name and Title Address Name and Title Address	LOFFICERS AND/OR DIRECTORS LOFFICERS AND/OR DIRECTORS PTRESIDENT AGOI SILL 27 Terringer FORT LAUGERIDAN	Address: Name and Title: Address:	
he number of shares of RTICLE V INITE Name and Title Address Name and Title Address	LOFFICERS AND/OR DIRECTORS PERSONE STREAMS PERSON SUL 27 TEACHDEP COUT LANDERCONDO	Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title:	
Address	Address:	
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name: Dentis Laresken		
Address: 3904 MARLINGAKE DOG	116	
TAMPA, Glorida 33	607	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: CLARRENCE S. CAMPLE	1150	
Address: 4901 S.W. 27 Text	sace	
CT. Laudendala FL	333(%	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific:	. (OPTIONA and cannot be more than five days	AL) prior or 90 days after the
filing.)		
<u>Note:</u> If the date inserted in this block does not meet the the document's effective date on the Department of State	applicable statutory filing requireme records.	nts, this date will not be listed as
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint		
<i>()</i>		11/04/2018
Required Signature/Registered	Agent	Date
I submit this document and affirm that the facts stated I document to the Department of State constitutes a third do		
Chronic Standing Comps Required Signature/Incorporator	011 517	111412018 Date