

P19000018530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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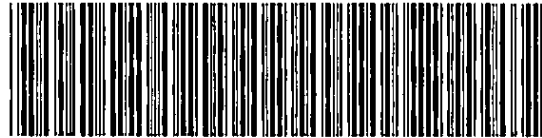
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 25 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2019

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COVER LETTER

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

SUBJECT: Camoin Associates, 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: Robert Camoin

Name (Printed or typed)

120 West Avenue, Suite #303

Address

Saratoga Springs, NY 12866

City, State & Zip

(518) 899 - 2608

Daytime Telephone number

rcamoin@camoinassociates.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

The name of the corporation shall be: Camoin Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

120 West Avenue, Suite #303

Saratoga Springs, NY 12866

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200 Shares @ \$1.00 a share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Camoin, President & CEO

Name and Title: Jim Damicis, Senior Vice President

Address: 120 West Avenue, Suite #303

Address: 201 U.S. Rte 1 #222

Saratoga Springs, NY 12866

Scarborough, ME 04074

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Robert Camoin _____

Address: 7237 Broderick Drive _____

Melbourne Florida 32940 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robert Camoin _____

Address: 120 West Avenue, Suite #303 _____

Saratoga Springs, NY 12866 _____

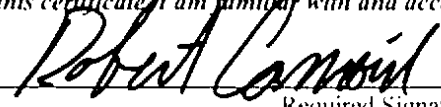
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

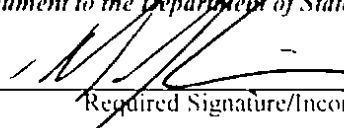
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Robert Camoin
Required Signature/Registered Agent

2/19/2019
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.

 Robert Camoin
Required Signature/Incorporator

2/19/2019
Date