

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CAMI TOURS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B. 3/15/19

2018 MAR 14 AM 9:38
FALL WINTER
FALL WINTER

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:CAMI TOURS CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7175 SW 8 ST #210
Miami FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GERMAN A. FORERO (PRES)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

GERMAN A FORERO
7175 SW 8 ST #210
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GERMAN A FORERO
7175 SW 8 ST #210
Miami FL 33144

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Required Signatures:

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

✓ [Signature] 3/2-19
Registered Agent 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.

✓ [Signature] _____
Incorporator Date