

P200 0001 6132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

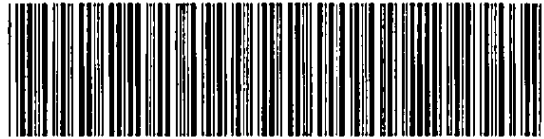
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/03/20--01029--015 **70.00

20 FEB -3 PM 1:41
FEB 3 2020

OWOFF
FEB 3 2020

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **ANA GRACIA DE REYES**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **CAMICOLE INVESTMENTS INC.**, a Florida corporation to be filed with the Florida Department of State on or about **January 13, 2020**.
2. The undersigned hereby consents to and authorizes the use by **CAMICOLE INVESTMENTS INC.** of the name **CAMICOLE INVESTMENTS INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

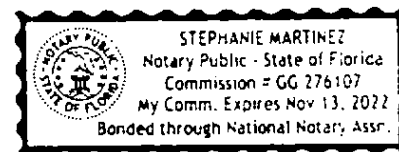
FURTHER AFFIANT SAYETH NAUGHT.


ANA GRACIA DE REYES

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Ana Gracia de Reyes, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 13th day of January 2020.




Notary Public Signature

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COVER LETTER

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

SUBJECT: Camicole Investments 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Stephanie Martinez
Name (Printed or typed)

8180 NW 36 St, #406
Address

Doral, FL 33166
City, State & Zip

305 - 406 - 3800
Daytime Telephone number

ATPLUS@Live.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: Camicole Investments Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8180 NW 36 St, #406

8180 NW 36 St, #406

Doral, FL 33166

Doral, FL 33166

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana Gracia de Reyes (P) Name and Title: _____

Address 5243 SW 77th Way Address: _____
Davie, FL 33328

Name and Title: Ana G. Reyes (VP) Name and Title: _____

Address 5243 SW 77th Way Address: _____
Davie, FL 33328

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Ana Gracia de Reyes

Address: 5243 SW 77th Way

Davie FL 33328

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ARTICLE VII INCORPORATOR

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

Name: Ana Gracia de Reyes

Address: 5243 SW 77th Way

Davie FL 33328

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

Ana Gracia de Reyes

Required Signature/Registered Agent

01/13/20

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.

Ana Gracia de Reyes

Required Signature/Incorporator

01/13/20

Date