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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 : AT PLUS CORP
Account Number : I20140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
camicole investments inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 NOV 24 11:50:04



November 24, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AT PLUS CORP

SUBJECT: CAMICOLE INVESTMENTS INC
REF: W21000151588

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section


FAX Aud. #: H21000430989
Letter Number: 121A00028500

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **ANAGRACIA CASTELLANOS 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 November 22, 2021.
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.


ANAGRACIA CASTELLANOS DE REYES

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

PERSONALLY appeared before me, **Anagracia Castellanos 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 22 day of November 2021.


Notary Public Signature

2021 NOV 24 11 11

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: CAMICOLE INVESTMENTS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5243 SW 77TH WAYDAVIE FL 33328**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Anagracia Castellanos de Reyes (P) Name and Title: _____Address 5243 SW 77TH WAY Address: _____DAVIE FL 33328Name 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: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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

Name: Anagracia Castellanos de Reyes
Address: 5243 SW 77 Th WAY
DAVE FL 33328

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Anagracia Castellanos de Reyes
Address: 5243 SW 77 Th WAY
DAVE 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

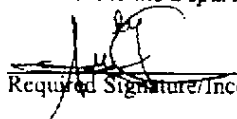


Required Signature/Registered Agent

11/22/2021

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.



Required Signature/Incorporator

11/22/2021

Date