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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 : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

RECEIVED

2021 DEC 17 PM 12:50

**FLORIDA PROFIT/NON PROFIT CORPORATION
CAMTEC INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 DEC 17 AM 11:39

COVER LETTER

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

SUBJECT: Camtec 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: Jennifer A. Watkins
Name (Printed or typed)

251 Royal Palm Way Suite 215
Address

Palm Beach FL 33480
City, State & Zip

561-659-8663
Daytime Telephone number

sonntagjt@mac.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: Camtec Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2105 Spring Court
Palm Beach Gardens, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: engaging in any lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jens Sonntag / President / Director

Name and Title: Larissa Camejo / Secretary/Treasurer

Address: 2105 Spring Court
Palm Beach Gardens, FL 33410

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Palm Beach Gardens, FL 33410

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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:

Address: Capitol Corporate Services, Inc.
515 East Park Avenue 2nd FL
Tallahassee FL 32301

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ARTICLE VII INCORPORATOR

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

Name: Jens Sonntag
 Address: 2105 Spring Court
Palm Beach Gardens FL 33410

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

Taylor Seay

Taylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

12/17/2021

Required Signature/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.

/s/ Jens Sonntag

Required Signature/Incorporator

12/17/21

Date