

LAW OFFICES OF  
JOSEPH OLIVERA, P.A.

SUITE 925 • OCEAN BANK BUILDING  
780 NORTHWEST LE JEUNE ROAD  
MIAMI, FLORIDA 33126

TELEPHONE (305) 444-8244  
FAX (305) 446-1635

January 23, 1995

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

600001390946  
-01/27/95 -01007--004  
\*\*\*122.50 \*\*\*122.50

Re: CAMINA & ASSOCIATES, INC.,  
a Florida corporation

Gentlemen:

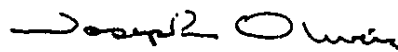
With respect to the above-captioned, enclosed herewith please find the original and two copies of the Articles of Incorporation along with a check in the amount of \$122.50 to cover the fees incurred with the filing of same with your office.

Kindly forward the filed copy along with the Certificate of Incorporation in the addressed stamped envelope enclosed for your convenience.


Thank you for your prompt assistance to this request.

Should you have any questions or require any further information, please do not hesitate to call.

Very truly yours,

  
Joseph Olivera

JO/vch  
Enclosures

2/1/95  
  
FILED  
55 JAN 26 AM 9:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF  
CAMINA & ASSOCIATES, INC.

FILED  
95 JAN 26 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator desires to form a corporation pursuant to Chapter 607, Florida Statutes and hereby adopt the following articles of incorporation for such corporation.

ARTICLE I

NAME: The name of the corporation shall be CAMINA & ASSOCIATES, INC.

ARTICLE II

PURPOSE AND POWER: The purpose for which the corporation is formed is to engage in any activity and business permitted under the laws of the State of Florida.

ARTICLE III

PRINCIPAL OFFICE: The address of the corporation's principal office shall be 442 Southwest 27th Road, Miami, Florida 33129.

ARTICLE IV

INCORPORATOR: The names and addresses of the incorporator is:

MARIA L. CAMINA  
442 Southwest 27th Road  
Miami, Florida 33129

ARTICLE V

DIRECTOR: The number of directors constituting the corporation's initial Board of Directors is one, whose name and address is:

MARIA L. CAMINA  
442 Southwest 27th Road  
Miami, Florida 33129

ARTICLE VI

SHARES OF STOCK: The aggregate number of shares of stock the corporation is authorized to issue is one hundred (100) shares which shares shall be common stock having five dollars (\$5.00) par value.

ARTICLE VII

DURATION: The duration of the corporation shall be perpetual.

ARTICLE VIII

REGISTERED AGENT: The name and address of the permanent registered agent is:

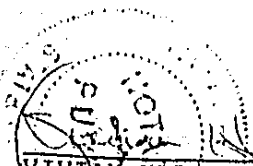
MARIA L. CAMINA  
442 Southwest 27th Road  
Miami, Florida 33129

IN WITNESS THEREOF, I have executed these Articles of Incorporation in Miami, Dade County, Florida, on this 23<sup>rd</sup> day of January, 1995.

Maria L. Camina  
MARIA L. CAMINA

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF DADE )

23rd The foregoing instrument was acknowledged before me on this day of January, 1995, by MARIA L. CAMINA, who, is personally known to me.

  
VIVIAN HERNANDEZ  
NOTARY PUBLIC, STATE OF FLORIDA  
Commission No. CC 132649  
My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. AUG. 1, 1996  
BONDED THRU GENERAL INS. UND.

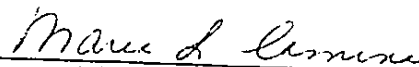
CERTIFICATE

FILED  
95 JAN 26 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAMINA & ASSOCIATES, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Miami, State of Florida, County of Dade, has named MARIA L. CAMINA, located at 442 Southwest 27th Road, in the City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

Having been named to accept service of process for the above-stated corporation at place designated in this certificate.

I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.



MARIA L. CAMINA  
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV -6 PM 4: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500C008235**

1. Corporation Name

**CAMINA & ASSOCIATES, INC.**

Principal Place of Business

**442 SOUTHWEST 27TH ROAD  
MIAMI FL 33129**

Mailing Address

**442 SOUTHWEST 27TH ROAD  
MIAMI FL 33129**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/28/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0559714**

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<b>D</b>	<b>CAMINA, MARIA L</b>	<b>442 SOUTHWEST 27TH ROAD</b>	<b>MIAMI FL 33129</b>

000002002930--6  
-11/13/96--01115--002  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

**CAMINA, MARIA L  
442 SOUTHWEST 27TH ROAD  
MIAMI FL 33129**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Maria L Camina*

REGISTERED AGENT MUST SIGN

Date **10/31/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Maria L Camina* **MARIA L CAMINA**

**10-31-96**

**(305) 226-5332**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR