

TRANSMITTAL LETTER

P97000057636

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 30 PM 1:07

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

600002225966--1
-06/30/97--01037--006
****122.50 ****122.50

SUBJECT: CAMP Q.D. INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robin Tresch
Name (Printed or typed)

11143 Acme Road
Address

Wellington, FL 33414
City, State & Zip

561-791-3147
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

W-1-97

ARTICLES OF INCORPORATION

97 JUN 30 PM 1:08

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **CAMP Q.D. INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11143 Acme Road
Wellington, Fl. 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robin Tresch
11143 Acme Road
Wellington, Fl. 33414

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Robin Tresch/ President
11143 Acme Road
Wellington, Fl. 33414

X Robin Tresch President
Signature/Incorporator

06/06/97

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

X Robin Tresch
Signature/Registered Agent

06/06/97

Date