TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Camerasource	ate name - must include suffix)	
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	all rough case.	onc word 000002342760=	
		-11/10/97010950 *****78.75 ******7	
Enclosed is an origina	and one(1) copy of the articles	s of incorporation and a check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED	
FROM: Kim Smith			
Name (Printed or typed)			
		in St. #7	
Address			
	Saraso	ta, P 34236 Es 9	
	City,	State & Zip	
~	941-	365-6776 SE 3 E	
	Daytime To	elephone number	
Lin	GAV E	7: 53 STATE LORIDA	
AUTHORIZATION BY I	PHONE TO		
CORRECTABLE 4	45		
11/1/1/1/1/1/27	OTE: Please provide the or	iginal and one copy of the articles.	
DOC. EXAM.	· · · · · · · · · · · · · · · · · · ·		
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ARTICLES OF INCORPORATION

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:

camerasource, INC.

ARTICLE II PRINCIPAL OFFICE

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

1620 Main St, #7, Sarasota, P

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

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

(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

signature/Registered Agent