

P150000064278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

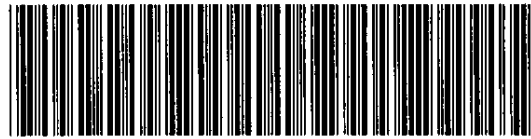
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2015 JUL 27 PM 1:41

JUL 30 2015
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COVER LETTER

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

SUBJECT: Bay 2 Beaches Team, P.A.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Archie W. Campbell, III
Name (Printed or typed)

10292 Oasis Palm Drive
Address

Tampa, FL 33615
City, State & Zip

813-361-9699
Daytime Telephone number

kltc@tampabay.rr.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: Bay 2 Beaches Team, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10292 Oasis Palm Drive
Tampa FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in the business
of buying and selling residential and/or commercial
Real Estate.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Archiew Campbell III, Officer Name and Title: _____

Address 10292 Oasis Palm Dr. Address: _____
Tampa FL 33615 _____

Name and Title: Kristin L. Tardy-Campbell, Officer Name and Title: _____

Address 10292 Oasis Palm Dr. Address: _____
Tampa FL 33615 _____

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:

Name: Archie W. Campbell, III
Address: 10292 Oasis Palm Dr.
Tampa, FL 33615

ARTICLE VII INCORPORATOR

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

Name: Archie W. Campbell III
Address: 10292 Oasis Palm Dr.
Tampa, FL 33615

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 business days prior or 90 business 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

Archie W. Campbell III
Required Signature/Registered Agent

07/17/2015
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.

Archie W. Campbell III
Required Signature/Incorporator

07/17/2015
Date