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SECRETARY OF STATE

2016 JUL 18 AM 8: 1

COVER LETTER

Division of Corporations	
SUBJECT: Campbell	Sales.com LLC ame of Limited Liability Company
N	ame of Limited Liability Company
The enclosed Articles of Organization ar	ad fee(s) are submitted for filing. TALLARY AND TARRY AND TARRY TARR
Please return all correspondence concern	ing this matter to the following:
·	AS 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7 A 7
DAVE CAMPB	
<u> </u>	Name of Person
Camphells	Name of Person
	Sales.com Firm/Company
19551 W	
	Address
DUNNELLON Blues 24 E-mail address: For further information concerning this ma	FL 34432-2245 City/State and Zip Code Seven y Mail. com (to be used for future annual report notification)
	, [
Dave Campbe Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following am	ount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CampbellSales.com (Must end with the words "Limited Liability Com	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
DUNECTON ET 34435-5542	19551 W HWY 40 DUNNELLON FL 34432-2245
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	a. va
CATRENIA "DAWN'	SECRETARY SECRET
I9551 W HWY Florida street address (P.O. Box N	acceptable)
DUNNELLON FL City State	34432-2245 TOP S
Having been named as registered agent and to accept service of process f place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the p am familiar with and accept the obligations of my position as registered a Registered Agent's S	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Dave Campbell 19551 W HWY 40 DUMENION FL 34432-2245	
AMOR	Catresia "Daws" Campbell 19551 W HWY 40 DUMELLON FL 34432-2245	
(Use attachment if necessary)		
(Use attachment if necessary) CLE V: Effective date, if other than the dat	e of filing: <u>C7//S/2016</u> (OPTIONAL)	
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