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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
(O.	,y/Outco/Elp/1 Horie	<i>,</i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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05/06/03-=01044--012 **87.50



TRANSMITTAL LETTER

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

SUBJECT:	*AMPBELL (PROPOSED CORPORATI	= Vacatio	n = Club,	Inc.
Enclosed is an original and	\$78.75	□\$7 8.75	፭ \$ 87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Steve Name (Prin	A Campbel, need or typed)	/	
-	2506 Hy	abrid ct.		
_	Kissimmee City, Si	5 FL. 3475 ate & Zip	58	
	, , ,	Y6-36/6 ephone number	-	

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

In Compliance with Chapter 617, F.S., (Not for Profit)
ARTICLE 1. NAME The name of the corporation shall be: CAMPBELL Vacation Club, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: \$\int_{\color=0.0}\int_{\color
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: the directors will be appointed by interviously the individuals and choosing from the different applicant
ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s): ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the registered agent is: Steve A. Campbell JS06 Hybrid A. Kissimmee FL.34758 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Steve A. Campbell
2506 Hy brid at. ***********************************
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity. Signature/Registered Agent Sheve A, Campbe// Date Signature/Incorporator Sheve A, Campbe// Date Date
21.614 Y'Cambrell