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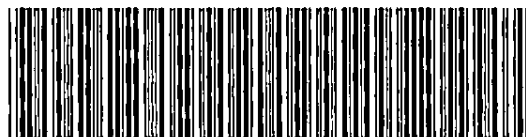
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COVER LETTER

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

SUBJECT: The American Independent Patriot Party 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Clarence Stewart Campbell Sr
Name (Printed or typed)

4901 S.W. 27 Terrace
Address

Fort Lauderdale, Florida 33312
City, State & Zip

954-624-5009
Daytime Telephone number

STEWART6143@yahoo.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The American Independent Patriot Party INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4901 SW. 27 Terrace

Fort Lauderdale

Florida, 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Independent Political Party

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

MAJORITY, VOTE OF FOUNDING OFFICERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence S. Campbell Sr Name and Title: _____

Address PRESIDENT
4901 SW. 27 Terrace Address: _____

Fort Lauderdale

Florida, 33312

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DENNIS Loresken

Address: 3404 MADLINSPIKE DRIVE
TAMPA, Florida 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLARENCE S. GAMBELL SR

Address: 4901 S.W. 27 TERRACE
FT LAUDERDALE, 33312

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 days prior or 90 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

Required Signature of Registered Agent

11/04/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

CLARENCE STANLEY GAMBELL SR
Required Signature of Incorporator

11/4/2013
Date