

POS000046572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

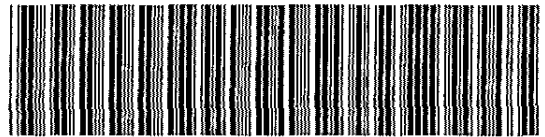
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700048506017

03/22/05--01057--003 \*\*78.75

FILED  
05 MAR 22 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/29/05  
BWK

## TRANSMITTAL LETTER

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

SUBJECT: BEN CAMPEN REAL ESTATE CO.

~~(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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: BEN CAMPEN

Name (Printed or typed)

6550 ST. AUGUSTINE ROAD, SUITE 203

Address

JACKSONVILLE, FL 32217

City, State & Zip

352-262-5348

Daytime Telephone number

**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)

**FILED**

05 MAR 22 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

BEN CAMPEN REAL ESTATE CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6550 ST.AUGUSTINE ROAD, SUITE 203  
JACKSONVILLE, FL 32217

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO ENGAGE IN ANY LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

BEN CAMPEN, PRESIDENT  
BEN H. CAMPEN, VICE PRESIDENT  
ASHLEY CARROLL, VICE PRESIDENT  
ROBIN M. CAMPEN, SECRETARY

**ARTICLE VI REGISTERED AGENT**

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

BEN CAMPEN  
6550 ST. AUGUSTINE ROAD, SUITE 203  
JACKSONVILLE, FL 32217

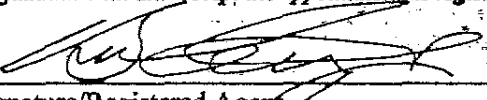
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BEN CAMPEN  
6550 ST. AUGUSTINE ROAD, SUITE 203  
JACKSONVILLE, FL 32217

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

3-19-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-19-05  
\_\_\_\_\_  
Date