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Florida Department of State

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6381

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From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Campbell Quality Services Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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1/4

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## **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:

CAMPBELL QUALITY SERVICES INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4201 NE 15TH AVENUE  
POMPAÑO BEACH, FLORIDA 33064

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
KYLE T CAMPBELL  
4201 NE 15TH AVENUE  
POMPAÑO BEACH, FLORIDA 33064

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PAGE 2 CAMPBELL QUALITY SERVICES INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

KYLE T CAMPBELL  
4201 NE 15TH AVENUE  
POMPAÑO BEACH, FLORIDA 33064


**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:


KYLE T CAMPBELL  
4201 NE 15TH AVENUE  
POMPAÑO BEACH, FLORIDA 33064

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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.

  
KYLE T CAMPBELL / Registered Agent

8/2/09  
Date

  
KYLE T CAMPBELL / Incorporator

8/2/09  
Date