

P11000106475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

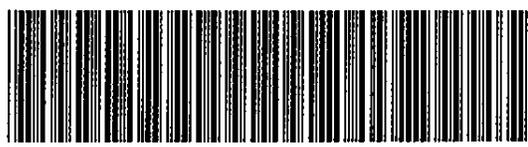
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200215142432

FILING CANCELLED
RETURNED CHECK

12/15/11--01009--002 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 15 AM 10:46

APPROVED
FILED

Handwritten initials

COVER LETTER

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

SUBJECT: Campbell's B B Q, Inc
(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: Dawn Payton-Campbell
Name (Printed or typed)

309 Down Pine Dr
Address

Seffner, FL 33584
City, State & Zip

813-447-0509
Daytime Telephone number

Campbellsbarbque10@gmail.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 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME Campbell's B B Q INC
The name of the corporation shall be:

11 DEC 15 AM 10:46

ARTICLE II PRINCIPAL OFFICE
Principal street address
309 Down Pine Dr
Seffner, FL 33584

Mailing address, if different is: SECRETARY OF STATE
309 Down Pine Dr TALLAHASSEE, FLORIDA
Seffner, FL 33584

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Resturaunt

FILING CANCELLED
RETURNED CHECK

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dawn Payton-Campbell/President
Address: 309 Down Pine Dr
Seffner, FL 33584

Name and Title: Keith Lewis/Vice-President
Address: 309 Down Pine Dr
Seffner, FL 33584

Name and Title: Alexis Reaves/Secretary
Address: 309 Down Pine Dr
Seffner, FL 33584

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dawn Payton-Campbell
Address: 309 Down Pine Dr
Seffner, FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dawn Payton-Campbell
Address: 309 Down Pine Dr
Seffner, FL 33584

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

Dawn Payton-Campbell
Required Signature/Registered Agent

12/5/2011
Date

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

Dawn Payton-Campbell
Required Signature/Incorporator

12/5/2011
Date