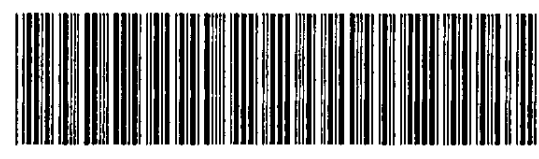


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(Requestor's Name)

(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:
No \$

Office Use Only

03/08/12--01002--003 **78.75

12 FEB 28 AM 11:01
DIVISION OF CORPORATIONS
RECEIVED
12 FEB 28 AM 11:01
DIVISION OF CORPORATIONS
12 MAR - 8 AM 8:00
DIVISION OF CORPORATIONS

3/9
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B
P12000011852

COVER LETTER

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

SUBJECT: KCampion, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Kathleen J Campion
Name (Printed or typed)

4268 Tennyson Way
Address

Venice, FL 34293
City, State & Zip

941 350-0171
Daytime Telephone number

kjc.choice@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)

ARTICLE I NAME KCAMPION, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address 4268 Tennyson Way Mailing address, if different is:
Venice, FL 34293

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

Sales Services

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Kathleen Campion, President Name and Title: _____
Address: 4268 Tennyson Way Address: _____
Venice, FL 34293

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____


Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Kathleen Campion
Address: 4268 Tennyson Way
Venice, FL 34293

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Kathleen Campion
Address: 4268 Tennyson Way
Venice, FL 34293

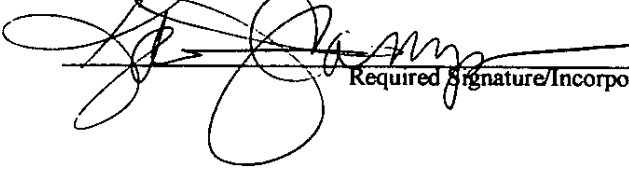
12 MAR - 8 AM 9:00
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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/Registered Agent 24 Feb 2012
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.



Required Signature/Incorporator 24 Feb 2012
Date