

P/4000008354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

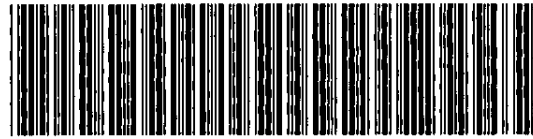
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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14 JAN 21 AM 10:33
STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Sandy Campbell, 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: Sandra J. Campbell
Name (Printed or typed)

232 Carlisle Drive
Address

Miami Springs, FL 33166
City, State & Zip

305-871-0505
Daytime Telephone number

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

ARTICLE I NAME
The name of the corporation shall be: Sandy Campbell, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
232 Carlisle Drive
Miami Springs, FL 33166

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA J. CAMPBELL, CEO Name and Title: _____
Address 232 Carlisle Drive Address: _____
Miami Springs, FL 33166

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

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

14 JAN 21 AM 10:33
STATE OF FLORIDA
TALLAHASSEE

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: SANDRA J. CAMPBELL
 Address: 232 Carlisle Drive
Miami Springs, FL 33166

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SANDRA J. CAMPBELL
 Address: 232 Carlisle Drive
Miami Springs, FL 33166

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

Sandra J. Campbell 1/13/2014
 Required Signature/Registered Agent 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.

Sandra J. Campbell 1/13/2014
 Required Signature/Incorporator Date