

P15U000087558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

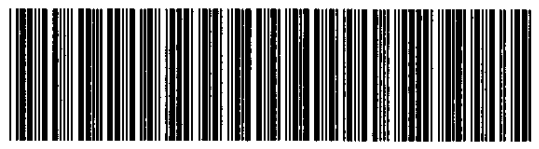
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

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10/19/15--01015--013 \*\*87.50

FILED  
15 OCT 19 AM 11:20  
TALLAHASSEE, FLORIDA

OCT 2 2015  
S. GILBERT

**COVER LETTER**

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

**SUBJECT:** CHAMPION BUSINESS SERVICES CORPORATION  
(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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** JOHN MOSER  
\_\_\_\_\_  
Name (Printed or typed)

4020 26TH STREET NORTH  
\_\_\_\_\_  
Address

ST.PETERSBURG, FL. US 33714  
\_\_\_\_\_  
City, State & Zip

706-627-9139  
\_\_\_\_\_  
Daytime Telephone number

mojkm4u@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)

**FILED**

15 OCT 19

AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: CHAMPION BUSINESS SERVICES - CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4020 26TH STREET NORTH

ST. PETERSBURG, FL. US 33714

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: JOHN MOSER / OFFICER / DIRECTOR

Name and Title: \_\_\_\_\_

Address 4020 26TH STREET NORTH

Address: \_\_\_\_\_

ST. PETERSBURG, FL. US 33714

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: JOHN MOSER  
Address: 4020 26TH STREET NORTH  
ST. PETERSBURG, FL. US 33714

**ARTICLE VII INCORPORATOR**

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

Name: JOHN MOSER  
Address: 4020 26TH STREET NORTH  
ST. PETERSBURG, FL. US 33714

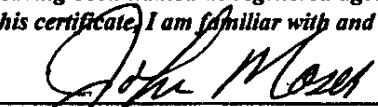
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/14/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 10/14/2015  
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.*

 10/14/2015  
Required Signature/Incorporator Date