## PISUCIO 87558

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
		·		
	<del></del> -			

Office Use Only



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15 OCT 19 AM11: 20

0CT 2 2015 S. GILBERT

## **COVER LETTER**

P.

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

SUBJECT: CHAM	IPION BUSINESS SERVICES COR	PORATION	
SCHOLCI	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	·	\$78.75 Filing Fee & Certified Copy	& Certificate of
		ADDITIONAL CO	Status  PY REQUIRED
FROM:	HN MOSER Name 20 26TH STREET NORTH	e (Printed or typed)	
		Address	
ST	PETERSBURG, FL. US 33714		
	City	State & Zip	
706	5-627-9139		
<del></del>	•	elephone number	
moj	km4u@gmail.com	d for future annual report :	
	C-DIALL SUUTESS. (IV DE DISE	a for diffire abbijal report i	ពលាអា <b>ពនាអាលា</b> អ

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 cornorat	ion shall be: CHAMPION BUSINESS S.	ERVICES - CORPORATION 5 OCT 19
	IPAL OFFICE Principal street address	ERVICES - CORPORATION 5 OCT 19  Art 11:20  Mailing address, if different is:
4020 26TH STREET N	ORTH	Trilly
ST. PETERSBURG, FL	US 33714	
TRANSPORT OF THE PURPO The purpose for which the	ANY AN ac corporation is organized is:	D ALL LAWFUL BUSINESS.
		·
<u></u>		
The number of shares of sh	L OFFICERS AND/OR DIRECTORS	OR Name and Title: Address:
Address	ST. PETERSBURG, FL. US 33714	Address.
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:
		<u></u>

Name a	nd Title:	Name and Title:	
Addres	3.5	Address:	
		<del>-</del>	
	<u>REGISTERED AGENT</u>		
The <u>name and I</u> Name:	Florida street address (P.O. Box NOT acceptable) of JOHN MOSER	of the registered agent is:	
Address:	4020 26TH STREET NORTH	_	
	ST.PETERSBURG, FL. US 33714	<del></del>	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	address of the Incorporator is:		·
Name:	JOHN MOSER	_	
Address:	4020 26TH STREET NORTH		
	ST. PETERSBURG, FL. US 33714		
Effective date, i	date is listed, the date must be specific and cann	. (OPTIONAl ot be more than five busin	
	te inserted in this block does not meet the applicable effective date on the Department of State's records.		nts, this date will not be listed as
	amed as registered agent to accept service of proces I am familiar with and accept the appointment as re		
do	h Mosel		10/14/2015
11	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
for	in Moses		10/14/2015
Regu	uired Signature/Incorporator		Date

, . . . . <del>. .</del>