

P16000033131

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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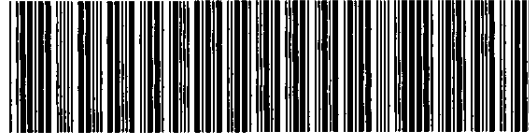
(Business Entity Name)

(Document Number)

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CLERK OF 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:** Champions Referral Service, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Ruth Cabella  
\_\_\_\_\_  
Name (Printed or typed)  
  
4350 Duhme Road  
\_\_\_\_\_  
Address  
  
Madeira Beach, Florida 33708  
\_\_\_\_\_  
City, State & Zip  
  
727-398-2774  
\_\_\_\_\_  
Daytime Telephone number  
  
c21champ@aol.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: Champions Referral Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4350 Duhme Road, Madeira Beach, Florida 33708

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Company

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ruth Cabella, President

Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

Name and Title: Ruth Cabella, Vice President

Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

Name and Title: Ruth Cabella, Secreary

Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

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

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

Name and Title: Ruth Cabella, Treasurer

Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

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

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Ruth Cabella  
Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Ruth Cabella  
Address: 4350 Duhme Road  
Madeira Beach, Florida 33708

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: April 4, 2016. (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*

Ruth Cabella 4/4/16  
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.*

Ruth Cabella 4/4/16  
Required Signature/Incorporator Date