## P600054972

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|-------------------------|-------------------|-----------|--|--|
| (Re                     | questor's Name)   |           |  |  |
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| (Ad                     | dress)            |           |  |  |
|                         |                   |           |  |  |
| (Address)               |                   |           |  |  |
| •                       | ,                 |           |  |  |
| (Cit                    | y/State/Zip/Phone | 40        |  |  |
| (Cit                    | y/State/Zip/Pnone | ; #)      |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL      |  |  |
|                         |                   |           |  |  |
| (Bu                     | siness Entity Nam | ne)       |  |  |
|                         |                   |           |  |  |
| (Do                     | cument Number)    |           |  |  |
| ·                       | ·                 |           |  |  |
| Certified Copies        | Certificates      | of Status |  |  |
| octuned copies          | _ Certificates    | Or Olatos |  |  |
|                         |                   |           |  |  |
| Special Instructions to | Filing Officer:   | ,         |  |  |
|                         |                   |           |  |  |
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FILED
SECRETARY OF STATE
TALLARYSSEF, FLORIDA

Mon

## **COVER LETTER**

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

|   |  | l a check for:   | 7                 |
|---|--|--|-------------------|
| \$70.00 \$78.75  Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |                   |
|   |  |  |                   |
| FROM: Gary M Campbell                               | e (Printed or typed)                               |  | - <del>-</del> 5  |
| 1649 Menlo Rd.                                      | - (  |  |                   |
| ,   | Address  |  |                   |
| Fort Myers Fl. 33901                                |  | •  | Р <del>Н</del> 3: |
| City,   | , State & Zip                                      |  | 3: 39             |
| 239-565-0031  |  |  | ω                 |
| Daytime T   | Telephone number                                   |  |                   |
|   |  |  |                   |

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 corporate     | tion shall be:                                  |                |                             |                              |
|--|---|----------------|-----------------------------|------------------------------|
| ARTICLE II PRINC                             | TIPAL OFFICE<br>Principal <u>street</u> address |                | Mailing address, if differe | nt is:                       |
| 1649 Menlo Rd.                               |   | 1649 Me        | enlo Rd.                    |                              |
| Fort Myers Fl.33901                          |   | Fort My        | ers Fl. 33901               |                              |
| ARTICLE III PURPO<br>The purpose for which t | OSE Auction he corporation is organized is:     | business.      |                             |                              |
|  |   |                |                             | 16 11                        |
|  |   |                |                             | JUL II PI                    |
| ARTICLE IV SHARI The number of shares of     |   |                |                             | STATE<br>FLORIDA<br>11 3: 39 |
| ARTICLE V INITIA                             | L OFFICERS AND/OR DIRECTORS                     |                |                             |                              |
| Name and Title                               | Andrea C. Campbell, President                   | Name and Title | Gary M. Campbell, Secr      | etary                        |
| Address                                      | 1649 Menlo Rd.                                  | Address:       | 1649 Menlo Rd.              |                              |
|  | Fort Myers Fl. 33901                            |                | Fort Myer Fl.33901          |                              |
| Name and Title:                              |   | Name and Title | »:                          |                              |
| Address                                      |   |                |                             |                              |
| •  |   |                |                             |                              |
| Name and Title:                              |   | Name and Title | <b>:</b>                    |                              |
| Address                                      |   |                |                             |                              |
|  |   |                |                             |                              |

| Name a          | and Title:  | Name and Title:  |
|-----------------|---|--|
| Addre           | ess   | Address:   |
|                 |   |  |
|                 |   |  |
| ARTICLE VI      | <del></del>   | . 11.5. 6d   |
| Name:           | Florida street address (P.O. Box NOT acce<br>Gary M. Campbell                                 | ptable) of the registered agent is:  |
| Address:        | 1649 Menlo Rd.  |  |
|                 | Fort Myers Fl.33901   | SECRET   |
| ARTICLE VII     | <u>INCORPORATOR</u>   |  |
| The name and    | address of the Incorporator is:   | 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그  |
| Name:           | Andrea C. Campbell  | ယ္ () S<br><br>သ အ <u>န</u>  |
| Address:        | 1649 Menlo Rd.  | 9 DE   |
|                 | Fort Myers Fl. 33901  |  |
| Effective date, |   | d cannot be more than five business days prior or 90 business  |
|                 | te inserted in this block does not meet the ap<br>effective date on the Department of State's | plicable statutory filing requirements, this date will not be listed as records.   |
|                 |   | f process for the above stated corporation at the place designated in<br>ent as registered agent and agree to act in this capacity |
|                 | Mall  | 6/30/2016  |
|                 | Required Signature/Registered A   | gent Date  |
|                 | ocument and affirm that the facts stated he<br>e Department of State sonstitutes a third deg  | rein are true. I am aware that the false information submitted in a ree felony as provided for in s.817.155, F.S.                  |
|                 | Imdreal andell  | 6/30/2016  |
| Req             | uired Signature/Incorporator  | Date   |