

P18000032104

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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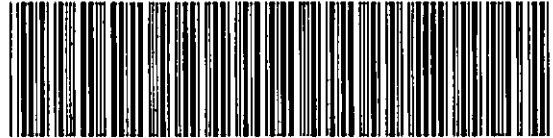
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/18--01017--003 **78.75

18 APR - 4 PM 4:45
STANDARD FILING
TALLAHASSEE, FL 32304

D O'KEEFE

APR 09 2018

COVER LETTER

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


SUBJECT: Campolong Enterprises Management Co.

(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: Kathleen Diedrich

Name (Printed or typed)

1250 Barclay Blvd

Address

Buffalo Grove, IL 60089

City, State & Zip

(877) 894-0073

Daytime Telephone number

dhstriping@comcast.net

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: Campolong Enterprises Management Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

750 Clark Street

8505 Beverly Lane

Oviedo, FL 32765

Saint Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to act as a management company

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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18 APR - 4 PM 4:45
SANTA FE COUNTY
FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Campolong III, Director

Name and Title: Lynne Campolong, Director

Address 8505 Beverly Lane

Address: 8505 Beverly Lane

Saint Augustine, FL 32092

Saint Augustine, FL 32092

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: Joseph Campolong III
Address: 8505 Beverly Lane
Saint Augustine, FL 32092

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18 APR - 4 PM 4:46
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Joseph Campolong III
Address: 8505 Beverly Lane
Saint Augustine, FL 32092

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Required Signature/Registered Agent

3/27/18
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.

Required Signature/Incorporator

3/27/18
Date