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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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D O'KEEFE  
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## COVER LETTER

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

SUBJECT: Knuckle Busters Game Tallahassee 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  
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: Albert Todd Campbell JR.  
Name (Printed or typed)

309 Campground Rd.  
Address

Tallahassee FL 32310  
City, State & Zip

850-815-1262  
Daytime Telephone number

toddcampbelljr@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)

**ARTICLE I NAME**

The name of the corporation shall be: Knuckle Busters Garage Tallahassee INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

309 Campground Rd  
Tallahassee FL 32310

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any / Body / Auto / Diesel /  
scooter / ATV / ~~W~~TV

**ARTICLE IV SHARES**

The number of shares of stock is: One

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

Name and Title: Albert Campbell Name and Title: \_\_\_\_\_

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

309 Campground Rd  
32310 Tallahassee  
FL

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

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

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

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

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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: Albert Campbell JR

Address: 309 Campbell Rd  
32310 Tallahassee FL

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**ARTICLE VII INCORPORATOR**

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

Name: Albert Campbell JR

Address: 309 Campbell Rd  
Tallahassee FL 32310

**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

Todd Campbell JR Todd Campbell  
Required Signature/Registered Agent

9-21-18  
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.

Todd Campbell JR Todd Campbell  
Required Signature/Incorporator

\_\_\_\_\_  
Date