

PI8000096772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

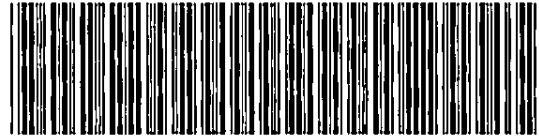
Special Instructions to Filing Officer:

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COVER LETTER

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

SUBJECT: The American Independent Voter Coalition 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: Clarence Stewart Campbell Sr
Name (Printed or typed)

4901 S.W. 27 Terrace
Address

Fort Lauderdale, Florida 33312
City, State & Zip

954-624-5009
Daytime Telephone number

STEWART6143@yahoo.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: The American Independent Voter Coalition Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4901 SW 27 TERRACE
Fort Lauderdale
Florida - 33312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANALYZE VOTER REGISTRATION
STATISTICS

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elorence S. Campbell so

Address: 4901 SW 27 TERRACE

Fort Lauderdale

Florida, 33312

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DENNIS LAESKE
Address: 3404 MARLINSPIKE DRIVE
Tampa, Florida 33607

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clarence S Campbell Sr
Address: 4901 S.W. 27 TERRACE
FT. LAUDERDALE, FL. 33312

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

11/04/2018
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.

Clarence Stewart Campbell Sr
Required Signature/Incorporator

11/4/2018
Date