P1400011313

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	

1X118 WU106492 T3 2/11/19



700321538537

12/08/18--01008--031 **78.50

2018 FEB -8 AM #: 13



January 16, 2019

DEXTER CAMPBELL 1665 40TH ST WEST PALM BEACH, FL 33407

SUBJECT: CAMPBELL STRATEGY INC.

Ref. Number: W18000106482

We have received your document for CAMPBELL STRATEGY INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 719A00000804

www.sunbiz.org

DO DOW GOOD WILL

COVER LETTER

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

SUBJECT:	Campbell ST	trategy		
	(PR Ф POSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED			
FROM: Defter Campbel Name (Printed or typed) 1665 40 40 54 Address				
West Palm Beach Fl 33407 City, State & Zip				
_	56 1 3 46 9	889 5613 elephone number	46 5885	
 -	E-mail address: (10 be used	doyahoo.com I for future annual report n	otification)	

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)

TICLE II PRINCIPAL Princi	. OFFICE ipal street address	Mailing ad	dress, if different is:
665 40 th st	-		
UPB, F1 3340			
TICLE III PURPOSE	poration is organized is:	adins	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	poramon to organization		
· · · · ·			
			5182
TICLE IV SHARES number of shares of stock i	is: Ø		
	•		·
TICLE V INITIAL OF	FICERS AND/OR DIRECTOR	c	(A) CO
Name and Title: D	FICERS AND/OR DIRECTOR Exter Campbell		
Name and Title: 16	exter Campbell, 65 40 th st	Name and Title:Address:	
Name and Title: 16	exter Campbell,	Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·
Name and Title: 16	exter Campbell, 65 40 th st	Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·
Name and Title: 16 Address 16	exter Campbell, 65 40 45+ est Palm Beach, +1	Name and Title:Address:	· · · · · · · · · · · · · · · · · · ·
Name and Title: 16 Address 16 We Name and Title:	exter Campbell, 65 40 45+ est Palm Beach, +1	Address: Name and Title: Name and Title:	: : : : : : : : : : : : : : : : : : :
Name and Title: 16 Address 16 We Name and Title:	exter Campbell, 65 40 th st est Palm Beach, #1	Address: Name and Title: Address: Address: Address:	
Name and Title: 16 Address 16 We Name and Title:	exter Campbell, 65 40 45 + est Palm Beach, +1	Address: Name and Title: Address: Address: Address:	
Name and Title: 16 Address 16 We Name and Title:	exter Campbell, 65 40 th st est Palm Beach, #1	Address: Name and Title: Address: Address: Address:	

Name and Title:	Name and Title:	
Address	Address:	
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT accept		
Name: Dexter Campbell Address: 1665 40th st		
Address: 1665 YO'ST		
WPB, #1 33407		
ADTICLE III. INCORDORATOR		
<u>ARTICLE VII INCORPORATOR</u>		
The <u>name and address</u> of the Incorporator is:	b. []	
Name:	<u>ve v</u>	
Address: 1665 97th St	Ch, 6/33407	
West 19m Ben	ch, 1735401)
	,	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTION	AL)
(If an effective date is listed, the date must be specific and filing.)	cannot be more than five days	s prior or 90 days after the
Note: If the date inserted in this block does not meet the app the document's effective date on the Department of State's re		ents, this date will not be listed as
Having been named as registered agent to accept service of this certificate, I am familiar with land accept the appointment	orocess for the above stated corp t as registered agent and agree t	poration at the place designated in to act in this capacity
V lest 1 X VVII		10/30/18
Required Signature/Registered Age	nt	Date
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degree	in are true. I am aware that th	e false information submitted in a
accument to the Department of State constitutes a intra degree	e jetony as proviaea jor in s.817	1.133, F.S.
Required Signature/Wacorporator		
Justin Signimis prosposaci		,