L18000235551

(Requestor's Name)	
(Address)	
(183.833)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
<u></u>	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only

M. MOON OCT 0 8 2018



000316859280

08/13/18--91035--024 **150.00



COVER LETTER

то:	New Filing S Division of C							
SUBJ	ECT: WINNER	RS BG LLC.						
			sulting Florida Limit	ed Con	npany)	-		
					nd fees are submitted to coordance with s. 605.			ther
Please	return all corr	respondence concernin	g this matter to:					
місні	ELLY FERREIR	A						
		(Contact Person)		•				
CAMP	ANA GROUPS	INC						
		(Firm/Company)		•				
15704	LAKEPOINT FO	OREST DRIVE						
-		(Address)		•				
CHAR	LOTTE, NC 282	278						
	(1	City, State and Zip Code)		•				
MICH	ELLY@CAMPAI	NAGROUPS.COM						
E-n	nail Address: (to b	oe used for future annual re	port notifications)	•				
For fu	rther informati	on concerning this ma	tter, please call:					
MICH	ELLY FERREIR	A	_at (954)228-0	0706	<u> </u>	3	
	(Name of Conta	act Person)	(Area Code)	(Day	time Telephone Number)		0CT	1 1
Enclos dollar	sed is a check to s and drawn on	for the following amou a bank located in the	int: (All checks p United States)	rocess	sed by this office must	be paya	⊃.c ~~o	JS
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles mization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status	нD	<u>[: 3</u>	
STRE	ET ADDRES	S:	MAIL	ING A	ADDRESS:			
	Filing Section		New Fi					
	on of Corporat	ions			Corporations			
	n Building Executive Cent	er Circle	P. O. B		27 FL 32314			
-00 i i	maceurive Celli	CI CIICIC	ranana	33CC. I	CL 34314			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WINNERS BG LLC (Musi contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princ	ripal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
	535 NW 39TH CIRCLE BOCA RATON, FLORIDA 3343	. <u>. </u>
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the regi	stered agent are:	
OSVALDO FOGLIANO		
Name		
535 NW 39TH CIRCLE		
Florida street address (P.O. B	ox <u>NOT</u> acceptable)	
BOCA RATON	FL 33431	
City	Zip	
Having been named as registered agent and to activability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete pery accept the obligations of my position as registed. Registered Agent's Signature.	is certificate, I hereby accept to I further agree to comply wit formance of my duties, and I a ered agent as provided for in the state of the state	he appointment as h the provisions of all m familiar with and
(CONTINUE	CD)	

	13"	1'1	1	17	T 3.7
. 🗚	к	11	۱.I	l. P.	IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

" A A A D D !! - A b ! - A a A A A A A A A A A A A	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	OSVALDO FOGLIANO
AMBR	535 NW 39TH CIRCLE
	BOCA RATON, FLORIDA 33431
	BOOK HATON, I COMIDA GOTO
	38° (
	et:-
/1 T 1 1C	4,
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any	
(Use attachment if necessary) LE V: Other provisions, if any.	
LE V: Other provisions, if any.	17.117.
LE V: Other provisions, if any. REQUIRED SIGNATURE:	17.117.
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, I am aware
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document and provided for in s.817.155, F.S.	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document any false information submitted in a document in a submitted in	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes, 1 am aware

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Moon, Matthew T. **L18023555**

From:

Michelly Passos <michelly@campanagroups.com>

Sent:

Monday, October 8, 2018 11:53 AM

To:

Moon, Matthew T.

Subject:

W18000073903

Dear Mathew,

As per our conversation over the phone, we hereby release the ownership of the name Winners BG Corp to the creation of a new filling for Winners BG LLC.

We have no further intentions of reusing the name Winners BG Corp in the future.

Thank you in advance for your help.

Michelly Ferreira