

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : STANTON AND GASDICK, P.A.
Account Number : 075350000152
Phone : (407) 423-5203
Fax Number : (407) 425-4105

AL1

LIMITED LIABILITY COMPANY

Double Champ, LLC

Certificate of Status	1
Certified Copy	0
Page Count	81 5
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF
DOUBLE CHAMP, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: **DOUBLE CHAMP, LLC**

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
634 Virginia Drive, Orlando, Florida 32803.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV — Management:

(Check the appropriate box and complete the statement)



The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Bob MacLeish, Jr., 634 Virginia Drive, Orlando, Florida 32803.



The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Operating Agreement of the Limited Liability Company.

ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: As set forth in the Operating Agreement of the Limited Liability Company.

ARTICLE VII — Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is Bob MacLeish, Jr., 634 Virginia Drive, Orlando, Florida 32803.

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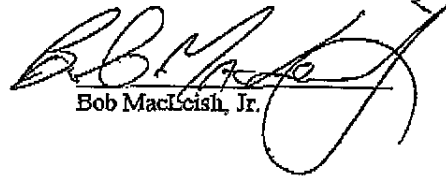
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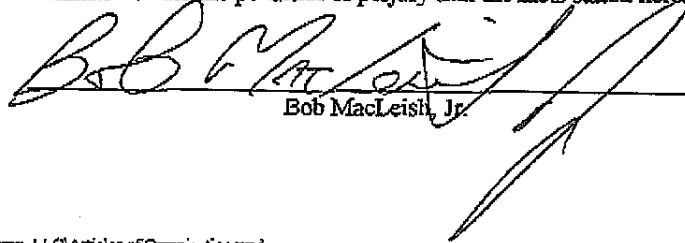
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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my
act this 14th day of November, 2001.

MEMBER:


Bob MacLeish, Jr.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Bob MacLeish, Jr.

01 NOV 14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

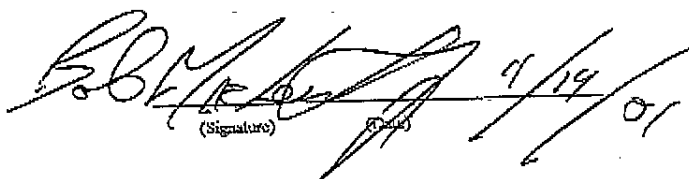
1 The name of the limited liability company is:

DOUBLE CHAMP, LLC

2 The name and address of the registered agent and office is:

BOB MACLEISH, Jr.
Office: 634 Virginia Drive
Orlando, Florida 32803

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature) 9/14/01

Filing Fee: \$35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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1. The name of the limited liability company is:

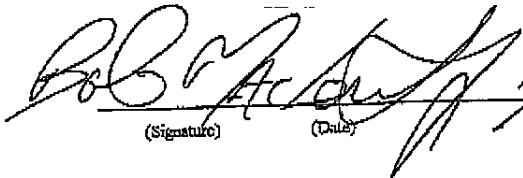
DOUBLE CHAMP, LLC

2. The name and address of the registered agent and office is:

BOB MACLEISH, JR.
Office: 634 Virginia Drive
Orlando, Florida 32803

01 NOV 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Signature) (Date) 11/14/01

Filing Fee: \$35 for Designation of Registered Agent