L05000041824

| • |
|-----|
| لاہ |
| |
| |



100051505511

04/25/05--01029--016 **132.00

TRANSMITTAL LETTER

| [KANSWII I | IALLETTER | |
|---|--|--|
| TO: Registration Section | | |
| Division of Corporations | | |
| SUBJECT: Champ Installations, LLC | | |
| (Name of Limited | Liability Company) | |
| The enclosed Articles of Organization and fee(s) are su | abmitted for filing. | |
| Please return all correspondence concerning this matter | r to the following: | |
| Mike Mullins, EA | | |
| | lame of Person) | |
| | | |
| (F | Firm/Company) | |
| ` | , , , , , , , , , , , , , , , , , , , | |
| 2760 Nottingham Court | | |
| | (Address) | |
| Ti. II. Ti. 22722 | | 25 1310: 36 |
| Titusville, FL 32796 (City/ | State and Zip Code) | |
| | | |
| For further information concerning this matter, please | call: | 8 |
| | at (321) 383-9050 | |
| (Name of Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 Filing Fee | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: | MAILING A | |
| Registration Section Division of Corporations | Registration S Division of Co | |
| 409 E. Gaines Street Tallahassee, Florida 32399 | P.O. Box 6327 Tallahassee, F | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is | |
|---|---|
| Champ Installations, LLC | |
| ARTICLE II - Address: The mailing address and street address of the p | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1131 Covina Street, Cocoa, FL 32927 | 2760 Nottingham Ct,, Titusville, FL 32796 |
| | S S |
| ARTICLE III - Registered Agent, Registere | |
| The name and the Florida street address of the | |
| Mike Mullins, EA | 34 6 |
| Nam | registered agent are: |
| 2760 Nottingham Court | |
| Florida street ac | ddress (P.O. Box NOT acceptable) |
| Titusville, FL 32796 City, State, | FL and Zip |
| | |

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: | | | |
|--------------------------------|--|--|---------|---|
| "MGRM" = Managing Member | | | | |
| "MGRM" | David A. Ness | | | |
| | 1131 Covina Street | | | |
| | Cocoa, FL 32927 | | | |
| "MGRM" | Steven P. Barney | | | |
| | 6080 Hull Street | | | |
| | Cocoa, FL 32796 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | _ | |
| | | 一 到 | 05, | |
| (Use attachment if necessary) | | in the second | 05 Apo | |
| NOTE: An additional article my | est be added if an effective date is requested. | | 25 | |
| | | $\underline{\mathcal{L}}_{k}^{-\frac{1}{2}}$ | .23m | |
| REQUIRED SIGNATURE: | | lac MS | AN 10: | _ |
| | _ | | აგ ზ | |
| | The same of the sa | | | |
| Signature of a men | iber or an authorized representative of a member. | | | |
| of this document co | section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury d herein are true.) | | | |
| Steven | P. Barney Typed or printed name of signee | | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)