

L06000117210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

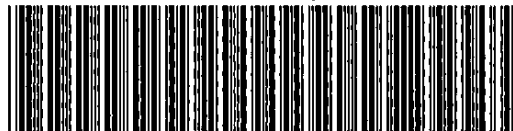
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

BR

Office Use Only



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12/08/06--01025--008 **310,00

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06 DEC -8 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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STATE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
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(850) 681-6528 P

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December 8, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Champions Poker Tour LLC

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**Articles of Organization
For
Champions Poker Tour LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Champions Poker Tour LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

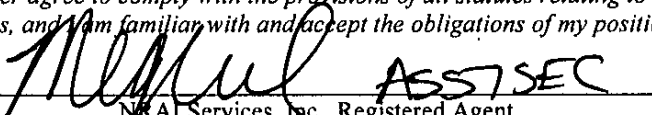
1050 St. Johns St.
Palm Bay, Florida 32909

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, Florida 33331

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 am familiar with and accept the obligations of my position as registered agent.



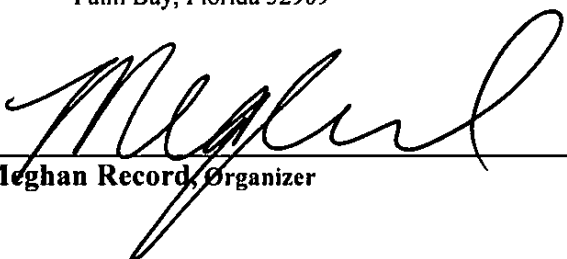
NRAI Services, Inc., Registered Agent

ARTICLE IV - Management:

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:

Shari Erickson
1050 St. Johns St.
Palm Bay, Florida 32909

Linda Simonetti
1050 St. Johns St.
Palm Bay, Florida 32909



Meghan Record, Organizer

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