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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Addount Number : 104662003400

Fax Number

: (516)935~3940 : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Champion Real Estate Solutions, LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name

The name of the Limited Liability Company is: Champion Real Estate Solutions, LLC

ARTICLE II - Address

Principal Office Address:

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

| 568 9th Street S. Suite #102 | | 568 9th Street S. Suite #102 |
|---|----------------|--|
| Naples, FL 34102 | | Naples, FL 34102 |
| | · · | |
| ARTICLE III - Registered Ag The name and Florida street address of | | ice & Registered Agent's Signature o: |
| • | Timothy J. No. | rcia |
| | | Name |
| • | 568 9th Street | S. Suite #102 |
| | (P.O. Box or | Mall Drop Box <u>NOT</u> Acceptable) |
| | M .1 771 4.4 | 4.00 |
| • | Naples, FL 34 | 102 |

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 uct 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 - Timothy J. Norris

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| | er(s) or Managing Member(s): H080001691 sch Manager or Managing Member is as follows: | 44 |
|--|--|----|
| <u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Mo | Name and Address: | |
| MGRM | Scott Charmel - 6 Calendula Court, Jackson, NJ 08527 | |
| MGRM | Timothy J. Norris - 2195 Palm Street, Naples, FL 34112 | |
| MGRM | Mark R. Moses - 420 39th Ave. N.E., Naples, FL 34120 | |
| (Use attachment if necessar REQUURED SIGNATU | • | |
| Si | gnature of a member ar authorized representative of a member. | |
| roob | accordance with section 608.408(3), Florida Statutes, the execution of this tmant constitutes an affirmation under the penaltics of perjury that the facts ad herein are true.) | • |
| | Timothy J. Norris | |
| | Typed or printed name of signes | |

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