

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPERATION

COVER LETTER

| | Registration Section Division of Corporations | • |
|-------------|---|--|
| SUBJEC | r. Champion Talent Agen | cy, LLC |
| | - · · · · · · · · · · · · · · · · | ted Liability Company) |
| The enclo | osed Articles of Organization and fee(s) are | submitted for filing. |
| Please ret | turn all correspondence concerning this ma | tter to the following: |
| N | Norman J. Campion | |
| | | (Name of Person) |
| (| Champion Talent Agency, | LLC |
| | | (Firm/Company) |
| | 1268 Tennyson Way | |
| | | (Address) |
| _\ | Venice, FL 34293 | |
| | (Ci | ty/State and Zip Code) |
| For furthe | er information concerning this matter, pleas | se call: |
| Norm | an J. Campion | at (941) 493-6992 |
| | (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed | l is a check for the following amount: | |
| \$125.00 | Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nat The name of the L | me: imited Liability Company is: | | | |
|---|--|--|-------|------------|
| | | | | |
| Champion Ta | alent Agency, LLC | | | |
| (M | ust end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | - | |
| ARTICLE II - Ac | | | | |
| The mailing addre | ss and street address of the pr | incipal office of the Limited Liability (| Compa | my is: |
| Principal Office A | Address: | Mailing Address: | | |
| Champion Talent Age | ncy, LLC | SAME | | |
| 4268 Tennyson Way | | | | |
| Venice, FL 34293 | | | | |
| (The Limited Liability C business entity with an | Registered Agent, Registered Company cannot serve as its own Registractive Florida registration.) Florida street address of the registration. | Office, & Registered Agent's Signate ered Agent. You must designate an individual or an egistered agent are: | other | DIV |
| | | | 80 | NSE. |
| | Norman J. Campion | | OEC | 흦유 |
| | Name | | 3 | 200 |
| | 4268 Tennyson Way | / | 29 | 3 |
| | Florida street add | ress (P.O. Box NOT acceptable) | P | ည်ကြွင် |
| | Venice, FL 34293 | FL. | 2: 38 | 78. 18. |
| | City, State, a | nd Zip | အ္ထ | 盖盖 |
| | | ccept service of process for the above si his certificate. I berehy accept the appoi | | |

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR | Norman I Compien |
|---|--|
| WIGK | Norman J. Campion |
| | 4268 Tennyson Way |
| | Venice, FL 34293 |
| | |
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| <u>,</u> | |
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| | |
| Use attachment if necessary) | The second secon |
| ,, | |
| | e date of filing: 1/1/2009 (OPTIC |
| ective date is listed, the date must l days after the date of filing.) | be specific and cannot be more than five business |

or an authorized representative of a member.

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

Norman J. Campion

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)