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(Requestor's Name)
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(City/State/Zip/Phone #)
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☐ PICK-UP WAIT ☐ MAIL
(Business Entity Name)
(Business Citity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

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то:	Registration Section Division of Corporations
SUBJI	ECT: Champion Franke LLC Name of Limited Liability Company.
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	David L Champion Name of Person
	Champion Francisco LLC Firm/Company
	105 Provo Place
	Crowford VI le FL 32327 City/State and Zip Code
	2.402
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
_1	Name of Person at (850) 509 0451 Area Code & Daytime Telephone Number
	sed is a check for the following amount: 0 Filing Fee \$\int \\$130.00 \text{ Filing Fee & }\int \\$155.00 \text{ Filing Fee & }\int \\$160.00 \text{ Filing Fee,}
	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
105 Provo Place David L. Champion Crawfordville FL 32327 P.O Box 783 Crawfordville FL 32324
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: David L Champion Name 105 Provo Place Florida street address (P.O. Box NOT acceptable) Crawford ville FL PL 32327 City, State, 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 (REQUIRED

(CONTINUED)

MGRM David L Champion 105 Provo Piace Crawfordville FL 3 233 5 5	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGRM	Crawfordville FL 323257
(Use attachment if necessary)		
	(Use attachment if necessary)	
	REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	Signature of a men	ober or an authorized representative of a member.

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)