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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARISE FOR TORIDA

B. BOSTICK
DEC 1 9 2011

EXAMINER

COVER LETTER

	tration Section ion of Corporations	
SUBJECT:	THE CHUMPS VENTURES, LLC	
	Name of Limited Liability Company	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please return	Il correspondence concerning this matter to the following:	
	Andrew Trakas	
-	Name of Person	
	Andrew P. Trakas, P.A.	
	Firm/Company	
	P.O. Box 1151	
<u></u>	Address	
	Winter Haven, FL 33882-1151	
	City/State and Zip Code	976
	bullskit@msn.com	
	E-mail address: (to be used for future annual report notification)	•
For further in	ormation concerning this matter, please call:	
Andrew	Frakas at (863) 299-5675	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is	check for the following amount:	
\$125.00 Filin	Fee \$\times \\$130.00 \text{ Filing Fee & 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 BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CHUMPS VENTURES, ELC

(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:

7336 B				
Winter	Have	en,	FL	33884

7336 Bent Grass Drive Winter Haven, FL 33884

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:

Carlos Diaz	ا مرز
Name	
7336 Bent Grass Drive	
Florida street address (P.O. Box NOT acceptable)	1.2 .1
Winter Havne, FL 33884	- [[]
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)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Words - Wallaging Wichibel	
MGR	Carlos Diaz
	7336 Bent Grass Drive
	Winter Haven, FL 33884
	<u> </u>
	<u></u>
·	
(Use attachment if necessary) CLE V: Effective date, if other than to	the date of filing (OPTIONA
CLE V: Effective date, if other than	the date of filing: (OPTIONAl to be specific and cannot be more than five business day
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CLE V: Effective date, if other than offective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer	t be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer	t be specific and cannot be more than five business day nber or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mere constitutes an affirmation used in a management of the constitutes an affirmation used in the constitutes are affirmation used in the c	t be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mere constitutes an affirmation upon I am aware that any false in constitutes a third degree fee	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mere constitutes an affirmation upon the constitutes a third degree fee.	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)