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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS SEP 27 202 EXAMINER

COVER LETTER

Division of Cor		and the second of the second o	
SUBJECT: Champ	pion Steel, LLC		••
3020201.		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing	
	_		
Please return all correspo	ondence concerning this mat	ter to the following:	
Ellison Ma	arsil		
		Name of Person	
Champior	steel, LLC		
		Firm/Company	The state of the s
101 Wild I	Horse Run		
		Address	· · · · · · · · · · · · · · · · · · ·
Deltona, FL	32738		
		y/State and Zip Code	.
ellisonii@aol	l.com		
	E-mail address: (to be used t	for future annual report notification)	
For further information c	oncerning this matter, please	e call:	
Ellison Marsil		at (407) 832-1269	
Name o	f Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee X	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Champion Steel, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
101 Wild Horse Run	101 Wild Horse Run	
	1161f0h2 FL 32738	
Deltona, FL 32738	Deltona, FL 32738	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration.	egistered Office, & Registered Agent's S s own Registered Agent. You must designate an individual	al or another
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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

SECRETARY OF STATE ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: .2012 SEP 26 AM 11: 16 Name and Address: "MGR" = Manager Ellison Marsil "MGRM" = Managing Member MGR 101 Wild Horse Run Deltona, FL 32738 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Signature of a member 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ellison Maes. I

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)