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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

N. Cuffigan FEB 15 2019

(850) 245-6051.

COVER L'ETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Hire Champs LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Grellner	
Name of Person	
;	
) F: (0	
Firm/Company	
18025 Palm Breeze Drive	
Address	
Tampa/Florida, 33647	
City/State and Zip Code	
jhgrellner@yahoo.com	

E-mail address: (to be use

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Grellner

382-2690

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

١.

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

515.00 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 - Name:

The name of the Limited Liability Company is:

Hire Champs LLC (Must end with the words "Limited Liability	Command M	1.0 9.26	10m	·	
ARTICLE II - Address: The mailing address and street address of the pri		·	•	ility Compa	ny is:
Principal Office Address:	Mailing Address:				
Tampa, FL 33647	18025 Tampa	Palm FL	Breeze 33647	Dire	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent, Yoù (müst desigr			
Cynthia A Name	GRell	ner	- -	SECRET TALLAII	2013 FEE
13311 Winning Florida street addr	ess (P.O. Box	O+.	Se C	ARY OF ASSEE,	=
TAMPA City, Stat	FL 3 te, and Zip	361	2	FLORID	P# 2: 3
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete and accept the obligations of my position as reg	nis certificate ty. I further o performance	, I hereb agree to e of my a	y accept the comply with luties, and I	appointment the provision am familiar	t as ns of with
Registered Agent's Signatu	In the contract of the contrac	D)			

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member John H. Greilner MGRM 18025 Palm Breeze Drive Tampa, FL, 33647 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date o! 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.

Typed or printed name of signee

4

Filing Fees:

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

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

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

John Greliner

constitutes a third degree felony as provided for in s.817.155, F.S.)