

L16000113252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

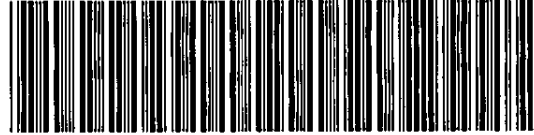
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/16--01053--002 **78.75

06/14/16--01053--003 **76.25

APPROVAL
AND
FILED
16 JUN 13 PM 12:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 JUN 13 AM 8:34
NOTARIES
10 ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champ Technologies, 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:

Darnell Washington
Name of Person

Champ Technologies, LLC
Firm/Company

1524 Oak Hill trail
Address

Kissimmee, FL 34747
City/State and Zip Code

d.washington@securexperts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darnell Washington at (404) 693-5100
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

Champ Technologies, LLC

(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:

1524 Oak Hill Trail
Kissimmee, FL 34747

Same

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:

Darrell Washington

Name

1524 Oak Hill Trail

Florida street address (P.O. Box NOT acceptable)

Kissimmee FL 34747

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 13 PM 12:43

APPROVED
AND
FILED

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 605, F.S.

Darrell Washington

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

Darnell Washington
1524 Oak Hill Trail
Kissimmee, FL 34747

Desiree Carter
1524 Oak Hill Trail
Kissimmee, FL 34747

Ben Levison
5075 Jimmy Carter Blvd
Norcross, GA 30093

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Darnell Washington

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Darnell L. Washington

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN 13 PM 12:42

APPROVED
AND
FILED

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)