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SECRETARY OF STATE

2 02/03/17

COVER LETTER

	stration Section ilon of Corporations	
SUBJECT:	World Cham Name of L	inited Liability Company
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.
Please return a	all correspondence concerning this r	natter to the following:
	Stephanie	Sample Name of Person
		Firm/Company
_	7740 Sout	hside Blyd # 2108
<u>-</u>	Jacksonvill Stephmh E-mail address: (to be use	City/State and Zip Code 703 @ g mail . Com ed for future annual report notification)
For further info	rmation concerning this matter, plea	ase call:
<u>J.</u>	tephanie Sample at (703 520 - 3771 Area Code Daytime Telephone Number
Enclosed is a	check for the following amount: ag Fee \$\int_{\text{Certificate of Status}}\$ Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 J - Name:

The name of the Limited Liability Company is:

World Champions 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:
7740 Southside Blvd 2108 7740 Southside Blvd Tacksonville, Fl #2108 32256 Tacksonville Fl 32256
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:
Stephanie Sample Name 1740 Southside Blvd. # 2108
Name
7740 Southside Blvd. #2108
Florida street address (P.O. Box NOT acceptable)
Jacksonville, Fl 32256 City State Zip
City State 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 605, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SEURE IARY OF SIAIL

LILED

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Juana Brewster
MGR	2058 Suffalk Lane
	Indols, IN 46240
A-A-A-A-A-A	Stralania Curala
AMBR	7740 Southside Blvd. # 2108
	Tacksonville Fl 32256
AMBR	Walter Maguery
	Michigan 48197
(Use attachment if necessary)	
LEV: Effective date, if other than the d	late of filing: (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 day
of filing.)	
If the date inserted in this block does nument's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will not be
ument's extective date on the Departme	ent of State's records.
LE VI: Other provisions, if any.	
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DE THE OWN POTISIONS, II MAY	
SE VII OURI POTISIONS, II MIY.	
REQUIRED SIGNATURE:	0 +
REQUIRED SIGNATURE:	na Briwitin
REQUIRED SIGNATURE: Signature of a	member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a This document is ex. I am aware that any	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Salse information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a This document is ex. I am aware that any	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature of a This document is excluded any to constitutes a third de	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Salse information submitted in a document to the Department of State

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

ARTICLE IV-

Page 2 of 2

Filing Fees:

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

\$ 30.90 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)