/03/2017/FF 1/3/2017	P. 001 R1 01:06 M O O O O O O O O O O O O O O O O O O		
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.		
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.		
	To: Division of Corporations Fax Number : (850)617-6381		
	From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977		
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>		
- : l: 08	FLORIDA LIMITED LIABILITY CO. CHAMPION CAPITAL GLOBAL LLC		
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	Electronic Filing Menu Corporate Filing Menu Help		

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FAX No.

P. 002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
(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:	
2030 South Dougles Road Surfe 203 2050 South Dougles Road Surth Come Gables, FT 33/34 Coral Gables, FP 33/29	203
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: <u>Edward Garcia Inc.</u> Name	
Name	
6163 Miani Lakes Drive East	
Florida street address (P.O. Box NOT acceptable)	
Miani Lakes FI 33014	
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., Registered Agont's Signature (REQUIRED)	
(CONTINUED)	4
Page L of 2	17 HOV - 3 HI 7: 22

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FAX No.

P. 003

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Title:	n authorized to manage and control the Limited Liability Company: Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Aerz Ibn Montr	2030 Son the Douglas Road
Aerz Ibn Montr Bernardo Cardoos	2030 South Douglas Road
of filling.) f the date inserted in this block does	e specific and cannot be more than five business days prior to or 90 days hot meet the applicable statutory filing requirements, this dute will not be lis
E V: Effective date, if other than the fective date is listed, the date must h	e specific and cannot be more than five business days prior to or 90 days hot meet the applicable statutory filing requirements, this dute will not be lis
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LE V: Effective date, if other than the fective date is listed, the date must h of filing.) If the date inserted in this block does iment's effective date on the Departr LE VI: Other provisions, if any.	a member of an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.