# L22000071278

(Requestor's Name)
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PICK-UP WAIT MAIL
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

495974

7103152

AUTHORIZATION :

COST LIMIT : \$/1

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ORDER DATE: February 18, 2022

ORDER TIME : 4:54 PM

ORDER NO. : 495974-005

CUSTOMER NO: 7103152

\_\_\_\_\_\_

## DOMESTIC FILING

NAME: CHAMPION R&D KITCHEN, LLC

#### EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

## COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Champion R&D Kitchen, LLC		
303020	T:Name of Limi	ted Liability Company	
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	urn all correspondence concerning this matt	er to the following:	
	Michael D. Gentzle, Esq.		
		Name of Person	
	Coleman, Yovanovich & Koester, P.A.		
		Firm/Company	
	4001 Tamiami Trail North, Suite 300		
		Address	
	Naples, FL 34103		
	City jeff@jbrookswa.com	/State and Zip Code	
	<del>_</del>	or future annual report notification	on)
For further i	nformation concerning this matter, please o	all:	
	Michael D. Gentzle, Esq. 239		
	Name of Person Area	a Code Daytime Telephone	
Enclosed is	s a check for the following amount:		
	Filing Fee \$\times \$130.00 \text{ 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	Street Address	
	New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallahas	see
P.O. Box 6327 Tallahassee Ft. 32314		2415 N. Monroe Street	

# $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

	Cita	mpion R&D Kitche	n, LLC	
(Must	contain the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
<u>Pri</u>	Principal Office Address:		Mailing Address:	
990 1st Avenue	990 1st Avenue South, Suite 202		990 1st Avenue South, Suite 202	
	Naples, FL 34102		oles, FL 34102	<del></del>
		<del>_</del>	<del></del>	<del></del> -
ARTICLE III - Registered	Agent, Registered Office.	& Registered Age	nt's Signature:	
(The Limited Liability Comp	pany cannot serve as its own	n Registered Agent.	You must designate an individ	lual or
another business entity with	an active Florida registrati	on.)	-	
The name and the Florida str	cet address of the registere	d agent are:		
	_	o agom wo.		
	Michael D. Gentzle	XI.		
		Name		
	4001 Tamiami Trail	North, Suite 300		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Naples	FL	34103	
	City	State	Zip	
	•		•	
lace designated in this certific orther agree to comply with th	ate, I hereby accept the app e provisions of all statutes r	pointment as registered	above stated limited liability c ed agent and agree to act in thi and complete performance of t sprovided for in Chapter 605,	s capacity. I no duties, and I
		WW		2022) TALL
	Regist	ered Agent's Signat	ure (REQUIRED)	H. H
				AA 2
		(CONTINUED)		
		(CONTINUED)		H 2:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jody Fleming 990 1st Avenue S., Suite 202 Naples FL 34102
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	f filing: (OPTIONAL)  rific and cannot be more than five business days prior to or 90 days after  ret the applicable statutory filing requirements, this date will not be listed at f State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	MMM
This document is executed I am aware that any false i	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Micha	el Gentzle, Authorized Representative Typed or printed name of signee

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