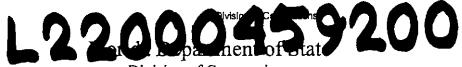
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(FAX)

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone

: (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

FLORIDA LIMITED LIABILITY CO. LMGT CHAMPION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESOFO	RĢANIZATIONFORF	LORIDALIM	IITEDLIABILITYCOMPANY
ARTICLE I - Name:			
The name of the Limited Liabili	ty Company is:		
' LMGT CHAMPIC			
(Must con	tain the words "Limited l	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal of	ffice of the Lim	ited Liability Company is:
Princip	oal Office Address:		Mailing Address:
19364 SW 79th AVI	Ξ.		19364 SW 79th AVE
MIAMI, FL 33157			MIAMI, FL 33157
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration address of the registered	Registered Age on.)	Agent's Signature: ent. You must designate an individual or
F.	14 BIZ, LLC		
		Name	•
	19364 SW 79th /		
	Florida street addres	s (P.O. Box <u>NC</u>	T acceptable)
	IMAIM	FL	33157
	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)

ARTICLE IV-

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	LORENNE MARIA GERALDO TEIXEIRA
	19364 SW 79th AVE
	MIAML FL 33157
MGŖ	LUIZ FERNANDO RACT CAMPS
	19364 SW 79th AVB
	MIAMI, FL 33157
	·
EV: Effective date, if other than the date	te of filing: (OPTIONAL)
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