

1/31/23, 2:37 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H23000040773 3)))



H2300004077334EC-

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CHAMPAGNE & SHOWJUMPING DESIGNS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

CHAMPAGNE & SHOWJUMPING DESIGNS, LLC

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

CHAMPAGNE & SHOWJUMPING DESIGNS, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF MARKETING AND BUSINESS MANAGEMENT AND ANY OTHER SIDELINES THERETO, AND ANY OTHER BUSINESS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

ARTICLE III

THE INITIAL ADDRESS OF THIS ORGANIZATION IS

55 SW 13TH AVE
BOCA RATON, FL 33486

PALM BEACH COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME MAY MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

23 JAN 31 17:12:35

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

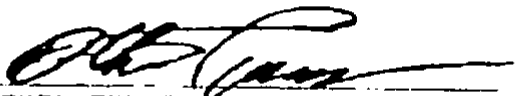
IN PURSUANCE OF F.S. 49.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATE, FL 33069.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:


OTHEL TURNER

ARTICLE V

THE NAMES AND ADDRESSES OF THE MANAGERS OF ORGANIZATION:

Elizabeth Noelk

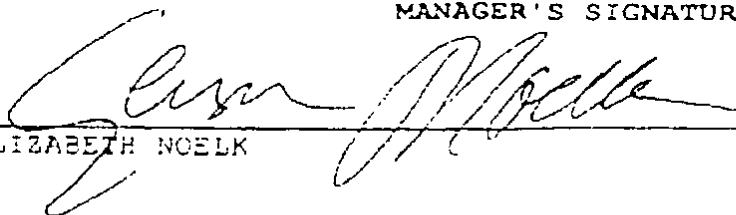
MANAGING MEMBER

55 SW 13th Ave

BOCA RATON FL, 33486

23 JAN 31 17:12:35

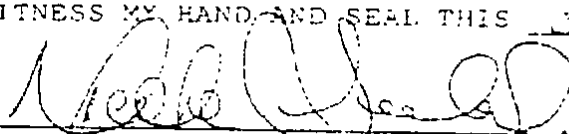
MANAGER'S SIGNATURES


ELIZABETH NOELK

STATE OF FLORIDA)
COUNTY OF BROWARD) SS

AFFIRMED AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY
AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY
APPEARED BEFORE ME ELIZABETH NOELK WHO EXECUTED THE FOREGOING
ARTICLES OF ORGANIZATION.

WITNESS MY HAND AND SEAL THIS 31 DAY OF January, 2023.


(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA

(SEAL)



NICOLE C. SEELAL
Commission # GG 915799
Expires September 23, 2023
Bonded Third-Party Notary Services

23 JAN 31 PM 13:35