

Please honor original file date of 4/16/24. Thanks!

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L24000176316
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.

((H24000138810 3))



H240001388103ABC.

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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.
Grand Champion Enterprises, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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APR 18 2024

STATE
SECRET

2024 APR 16 PM 3:48

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850-817-8381

4/18/2024 8:21:02 PM PAGE 1/001 Fax Server



April 16, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GRAND CHAMPION ENTERPRISES. LLC
REF: W24000060644

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

The last page is missing.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Supervisor
New Filings Section

FAX Aud. #: E24000138810
Letter Number: 324A00008310

Merritt Walker

From: faxfinder@capitol-services.com
Sent: Tuesday, April 16, 2024 4:07 PM
To: Merritt Walker
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20240416_150726_000079AE-0000.pdf

Create Time: 04/16/2024 03:02:21 PM
Schedule Time: 04/16/2024 03:07:26 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Merritt Walker
Sender email: mwalker@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H24000138810 3
Max tries: 5
Try interval: 600
Priority: 3
Pages: 5
Recipient fax: 850-617-6381
Recipient phone:
Recipient name: FL
Recipient org: FL DOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Grand Champion Enterprises, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alisha Mays
Name of Person

Firm/Company

13020 Anthorne Lane
Address

Boynton Beach, FL 33436
City/State and Zip Code

alisha.mays@terniumrcm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

984-330-5241 at (984) 330 - 5241
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2024 APR 18 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grand Champion Enterprises, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13020 Anthorne Lane

13020 Anthorne Lane

Boynton Beach, FL 33436

Boynton Beach, FL 33436

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:

Alisha Mays

Name

13020 Anthorne Lane

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach, NC 33436

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..

Alisha Mays
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR, AMBR

Name and Address:

Alisha Mays, 13020 Anthorne Lane, Boynton Beach, FL 33436

Alisha Mays, 13020 Anthorne Lane, Boynton Beach, FL 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

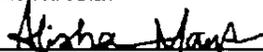
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

--

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alisha Mays

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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