

9/7/2016 12:41:23 PM From: To: 8506176381(1/4)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5368

****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 PROFIT/NON PROFIT CORPORATION
Champion Construction Management Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

16 SEP -7 AM 11:07

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Champion Construction Management Services, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CT Corporation

Name (Printed or typed)

Address

City, State & Zip

407-902-4708

Daytime Telephone number

kchampion@championcmgt.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Champion Construction Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

625 MAIN STREET SUITE 2B

WINDERMERE, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Consulting - Owners Rep, Construction

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth M. Champion - President

Address: 625 MAIN STREET SUITE 2B

WINDERMERE, FL 34786

Name and Title: Kenneth M. Champion - Director

Address: 625 MAIN STREET SUITE 2B

WINDERMERE, FL 34786

Name and Title: Kenneth M. Champion - VP

Address: 625 Main Street, Suite 2B

Windermere, FL 34786

Name and Title: Kenneth M. Champion Secretary

Address: 625 Main Street, Suite 2B

Windermere, FL 34786

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

10 SEP - 7 AM 11:07

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kenneth Champion
Address: 625 MAIN STREET SUITE 2B
WINDERMERE, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth Champion
Address: 625 MAIN STREET SUITE 2B
WINDERMERE, FL 34786

ARTICLE VIII EFFECTIVE DATE:

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 or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Kenneth Champion 9-6-2016
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Kenneth M. Champion 9-6-2016
Required Signature/Incorporator kenneth M. Champion Date