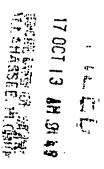
P17000082831

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Office Use Only				



000304134470

10/15/17--01004--005 **78.75



COVER LETTER

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

SUBJECT:	Champion I (PROPOSED CORPORA	ROOF CONSULTATION	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar		
	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:		C (Printed or typed)	
	MIAMI FL City	Address 33131 State & Zip	* 999
	786 Daytime T Champion I F-mail address: (to be use	- 461 - 4843 Telephone number	100 CaM

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)

Water Contract of

ARTICLE I NAME The name of the corporation	shall be: Champio	on roof Co	NSUltANT INC
	ALOFFICE Incipal street address 310 AVENUE #999 FL 33131		address, if different is:
	Ecorporation is organized is:		
ARTICLE IV SHARES The number of shares of sto	ck is: /00		17 OCT 19 AM SHAP
	DEFICERS AND/OR DIRECTORS LREF M'Queen A	Name and Title:	
Address	123 SE 3 TO AUR MIAMIT FL 33	Address:	
		Address:	
		Name and Title:	

Name and Title:	Name and Title:	
Address	Address:	
-		
ARTICLE VIREGISTERED AGENT		
The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:	
Name: Jeff Mc Quee	<u></u>	
Address: 123 5, E, 3	10 AVENUE # 999	
MIAMIT, FC	33(3/	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: LEFT MI Queen	1 Jus	
Address: 123 5, 6, 3!		
MIAMIFEL		
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	(OPTIONAL) cific and cannot be more than five days prior or	90 days after the
filing.)	·	·
Note: If the date inserted in this block does not meet		ate will not be listed as
the document's effective date on the Department of S	state's records.	
Having been named as registered agent to accept se		
this certificate, I am familiar with and accept the app	C C C	s capacity
Required Signature/Registe	- M - Grage	16-10-17 Date
I submit this document and affirm that the facts sta document to the Department of State constitutes a thi		ormation submitted in a
Color Seff MAC	ورجون	18-18-17
Required Signature/Incorporator	<u></u>	<u> </u>

• • • • •

Dear Florida Department of State

10/10/2017

Division Of Corporations

The Corporation document Number P16000096382

I will never use again

Thank you

Jeff Mcqueen