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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX & ACCOUNTING SERVICES CORP

Account Number : 128818938118 Phone Fax Number

: (305)220-2113 : (305)220-4713

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

Embil Address:__

FLORIDA LIMITED LIABILITY CO. A & E GROUP LLC.

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Estimated Charge	\$130.00

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Corporate Filing Menu

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WZ1000 45168

COVER LETTER

Division of Corporations
SUBJECT: ELARBA GOUP ILC. Name of Limited Liability Company UP
The enclosed Articles of Organization and fice(s) are submitted for filing.
Please return all correspondence concerning this matter to the following.
Dennis Bermudez Name of Person
TAX & ACCOUNTING SONVICES COMP
300 SW 107 Ave Suite 204
MIDMO TL 33174. City/State and Zip Code Orber Mudrz P. Not Mail (COM) E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call: Dennis 5
Enclosed is a check for the following amount:
S125.00 Filing Fee US130.00 Filing Fee & US155.00 Filing Fee & US160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Swite 810 Tallahassee, FL 32303

ELECTYONIC FILING.

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WEGGILL 1707 'G TAOK

ARTICLESOF	ONGANIZATION FO	K FLUKIDA LIVILLI	THABILLI A COMBAINA	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
	ELARBA GR			
(Must conta	in the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	dress of the principal	office of the Limite	ed Liability Company is:	
<u>Princips</u>	al Office Address:		Mailing Addr	ess:
11378 N.W. 72ND TI	ERRACE	11	378 N.W. 72ND TERRACI	5
DORAL FLORIDA 3	3178.	<u>D</u> C	ORAL FL. 33178	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ov ctive Florida registrat	m Registered Agention.)	ent's Signature: t. You must designate an ind	lividual or
		_		
	ELIAS ELARBA	Name		
	11378 N.W. 72ND Florida street addre	TERRACE ess (P.O. Box <u>NOT</u>	acceptable)	
	DORAL	FL	33178	
	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..

(CONTINUED)

0959 :0N

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ELIAS ELARBA
	11378 NW 72ND TERRACE DORAL FL. 33178
	DORAL (E. 3)176
AMBR	AMIRA CHALHOUB
	11378 NW 72ND TERRACE
	DORAL FL 33178
AMBR	AMIR JOSE ELARBA
	11378 NW 72ND TERRACE
	DORAL FL. 33178.
AMBR	ELIAS BADIH ELARBA CHALHOUB
	11378 NW 72ND TERRACE
	DORAL FL 33178.
Meanive date is listed, the date must	te date of filing: NOVEMBER 1, 2021 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days at
TLE V: Effective date, if other than the affective date is listed, the date must e of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days at a not meet the applicable stanutory filing requirements, this date will not be live
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TLE V: Effective date, if other than the fleenve date is listed, the date must e of filing.) If the date inserted in this block does numeral's effective date on the Department's effective date of the Department's effective date on the Department's effective da	be specific and cannot be more than five business days prior to or 90 days at not meet the applicable standary filing requirements, this date will not be listed ment of State's records.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

9689 ON

ARTICLE IV-

H 21000 4059843





November 4, 2021

FLORIDA DEPARTMENT OF STATE

TAX & ACCOUNTING SERVICES CORP Division of Corporations

SUBJECT: A & E GROUP LLC.

REF: W21000144002

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000260677.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000405984

Regulatory Specialist II Supervisor Letter Number: 521A00026916

New Filing Section

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