L25000279426

(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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account:: I20210000160: $ 125.00
Authorized Signature
Eli Property Group LLC
Business Name #Document

____Certified copy of Articles of

____Certificate of Status

**NEW**

____ Profit
___ Not for Profit
__X_ LLC
____ Domestication
_ ___ INC
__ CORP
___ PLLC
____ GP

**AMENDMENTS**

___ _Amendment
____Resignation of Member/MGR
____ Statement of change of Registered
____ Revocation of Dissolution
__ _ Conversion
__ __Statement of Correction
____Merger
____DISSOLUTION

**OTHER FILINGS**

____TRANSMITTAL LETTER

____Fictitious Name -

_____ Statement of Authority

_____Other:

**REGISTRATION/QUALIFICATIONS**

___ Foreign Filing
____ Partnership
____Reinstatement
____ Articles of CORRECTION
___ _Withdraw of Certificate of Authority
____TRADEMARK
____Domestication

**EXAMINER'S INITIALS:**_____

**COVER LETTER**

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

**SUBJECT:** ELI PROPERTY GROUP 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:

KIMBERLEY KEEN
Name of Person

SIERK & ASSOCIATES, PA
Firm/Company

11490 OKEECHOBEE BLVD, STE 5
Address

ROYAL PALM BEACH, FL 33411
City/State and Zip Code

admin@sierkcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Keen at (561) 791-0645
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**
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, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

ELI PROPERTY GROUP LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 197 MARTIN CIRCLE | 197 MARTIN CIRCLE |
| ROYAL PALM BEACH, FL 33411 | ROYAL PALM BEACH, FL 33411 |

**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:

DAVID ELIZONDO
Name

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

ROYAL PALM BEACH FL 33411
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..*

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| MGR | DAVID ELIZONADO<br>197 MARTIN CIRCLE<br>ROYAL PALM BEACH, FL 33411 |
| | |
| | |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/19/2025. (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.

DAVID ELIZONADO
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)**