**Division of Corporations** 

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# L 000000008544

Division of Corporations Public Access System Katherine Harris, Secretary of State

## **Electronic Filing Cover Sheet**

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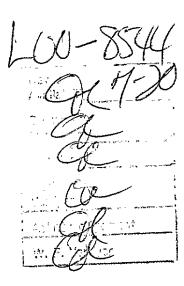
Account Name : R.C. UNGER CPA PA

Account Number : I19990000023 Phone : (941)408-9555 Fax Number : (941)408-9553 OO JUL 20 AM 8: 02

## LIMITED LIABILITY COMPANY

## Elsie Title Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Elsie Title Services, LLC

### ARTICLE II - Address:

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

Name

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

1481 Olympia Road, Venice, FL 34293-4804

\$ 100.00

\$ 25.00

## ARTICLE III - Registered Agent, Registered Office, & Registerd Agent's Signature:

The name and the Florida street address of the registered agent are:

Edgar J. LaCombe

<u>1481 Olympia Road</u>

Venice, FL 34293-4804			
City, State, and Zip	•		
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate. I hereby accept registered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in registered Agent's Signature	the app with the I am fa	ointme e provis milier v	nt as sions of all vith and
ARTICLE IV - Management (Check if box applicable.):			
The Limited Liability Company is to be managed by one manager or mo therefore, a manager - managed company.	re man:	agers a	and is
(An additional acticle must be added if an effective date is r	<u> </u>	ed)	_
Signature of a member or an authorized representative of a member.	•		
(in accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	SFCR	Jr 00	-
EDEAR J LACOMBE Typed or printed name of signee	<b>#</b>	=	<del>'''</del>
i khan or bittian timus of siduae	والمستنسلين بالأراران	******	v- *

FILING FEES:

Filing Fee for Article of Organization

Designation of Registered Certified Copy (OPTIONAL) Certificate of Status (OPTIONAL)

RC Unger CPA 2383 S. Tamiami Trail, Suite D Venice, Floride 34293 941-408-9555 (((H000000037734 1)))