

LD1000002839

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

600003748186--2

-02/23/01--01001--012

****155.00 ****155.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- ELO, N.A., L.L.C.
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

APPROVED
AND
FILED
01 FEB 22 PM 3:53
RECEIVED
01 FEB 22 PM 3:24
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2-22-01

ARTICLES OF ORGANIZATION

FOR

ELO, N.A., L.L.C.,

A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

ARTICLE I - NAME

The name of the Limited Liability Company shall be ELO, N.A., L.L.C..

ARTICLE II - PRINCIPAL MAILING AND STREET ADDRESS OF COMPANY

The principal mailing address of the Limited Liability Company is Post Office Box 3524, Clearwater, Florida 33767. The street address of the Limited Liability Company is 739 Island Way, Clearwater, Florida 33767.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is: Peter Wertheim, 739 Island Way, Clearwater, Florida 33767.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.



Signature of a member or an authorized representative of a member.

PETER WERTHEIM

Typed or printed name of signee

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is:
2. The name and address of the registered agent and office is:

ELO, N.A., L.L.C.

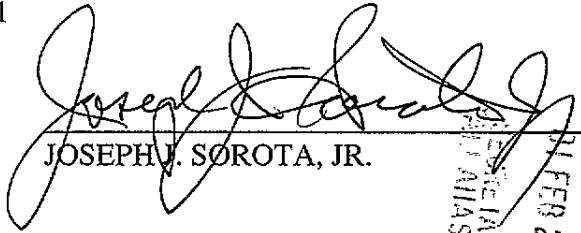
Joseph J. Sorota, Jr.
JOSEPH J. SOROTA, JR., P.A.
28100 U.S. Highway 19 North, Suite 504
Clearwater, FL 33761-2686

Dated this 19th day of February, 2001


JOSEPH J. SOROTA, JR.

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.

Dated this 19th day of February, 2001


JOSEPH J. SOROTA, JR.

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AND
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CLERK OF STATE
TALLAHASSEE, FLORIDA