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To:

Division of Corporations Fax Number : (850) 205-0383

From:

:	072450003255 (305)634-3694	KIT	COMPANY
-	(2031033-2020		
	:	: EMPIRE CORFORATE : 072450003255 : (305)634-3694 : (305)633-9696	: (305)634-3694

4.3 Attor	LIMITED LIABILITY COMPAN	Y
EIVED -4 PHI2: UF CORPOR	elcinvest llc	ALCAL SIL
REC 03FEB JUVISION	Certificate of Status0Certified Copy1Page Count03	
	Estimated Charge \$155.00	



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company shall be: ELCINVEST LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1525 CADIZ AVENUE, CORAL GABLES, FL 33134

ARTICLE IV

The name and the Florida street address of the registered agent are:LIDIA CARDONE1525 CADIZ AVENUECORAL GABLES, FL 33134

ARTICLE V

The Limited Liability Company is to be a Manager Managed Company. The initial manager and member is Lidia Cardone.



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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

ELCINVEST LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Lidia Cardone

Registered Agent

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.)

Lidia Cardone Typed or printed name of signee

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