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TRANSMITTAL LETTER

Registration Section

409 E. Gaines Street

Division of Corporations

Tallahassee, Florida 32399

TO: Registration Section Division of Corporations
SUBJECT: ELITE BUSINESS SERVICES 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:
(Name of Person)
ELITE BUSINESS SERVICES LLC (Firm/Company)
<u>2193 NW 191 AVE</u> (Address)
PEMBRAKE PINES, FL 33029 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (365) 776-3324 (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

__Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLITE BUSINESS SERVICES 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:

2193 NW 191 AVE PEMBROKE PINES, FL 33029

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

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

193 NW 191 AVE
Florida street address (P.O. Box NOT acceptable)

PEMBEOKE PINES FL 33029 City, State, and 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 608, F.S..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	CARL H. JEAN-MARY 2193 NW 191 AVE PEMBROKE PINES, FL 33029	
MGRM	FRANCOISE PENHA 2193 NW 191 AVE PEMBROKE PINES, FL 33029	
(Use attachment if necessary)	THE SERVICE OF THE SE	
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:		
Cal H. gean Mary		

Signature of a member of 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.)

Core LH TEAN - Mary
Typed or printed pame of signce

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)