

Jan 21 04 12:53 PM 30553432 p.1
FROM: Clarion Ventures, Inc. NO. 147582 121 28 47:3 PM 12

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

From: Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

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LIMITED LIABILITY COMPANY

ELOT LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
ELOT LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
12815 N. W. 45th AVENUE
MIAMI, FL 33054

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

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

CHRISANNE V GRIMALDI

Name

7415 FISHER ISLAND DRIVE

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

MIAMI,

FL 33109

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.

Chrisanne Grimaldi
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Chrisanne Grimaldi
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.)

CHRISANNE V GRIMALDI

Typed or printed name of signer

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)

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