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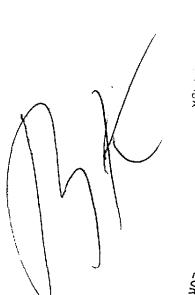
(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## OF JUL-9 ON 10: 01 CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Elite Processing Services, XXC Art of Inc. File\_\_\_\_\_ LTD Partnership File\_\_\_\_\_ Foreign Corp. File\_\_\_\_\_ L.C. File\_\_\_\_\_ Fictitious Name File\_\_\_\_ Trade/Service Mark Merger File\_\_\_\_ Art. of Amend. File\_\_\_\_\_ RA Resignation Dissolution / Withdrawal\_\_\_\_\_ Annual Report / Reinstatement\_\_\_\_\_ Cert. Copy\_\_\_ Photo Copy\_\_\_\_ Certificate of Good Standing\_\_\_\_\_ Certificate of Status\_\_\_\_\_ Certificate of Fictitious Name\_\_\_\_\_ Corp Record Search\_\_\_\_\_ Officer Search\_\_ Fictitious Search Fictitious Owner Search\_ Signature Vehicle Search\_\_\_\_\_ Driving Record\_\_\_\_ Requested by: UCC 1 or 3 File\_\_\_\_\_

Name

Walk-In

Will Pick Up

UCC 11 Search\_\_\_\_

UCC 11 Retrieval\_



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 12, 2004

CAPITAL CONNECTION

TALLAHASSEE,

SUBJECT: ELITE PROCESSING SERVICES LLC

Ref. Number: W04000026410

FILLAHASSEE, FLORIDA

We have received your document for ELITE PROCESSING SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The company cannot be its own registered agent. Please designate either an individual -- such as Sheila Marshall -- or another company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 704A00044290

**RE-SUBMIT**PLEASE OBTAIN THE ORIGINAL
FILE DATE



## ARTICLE I - Name: The name of the Limited Liability Company is: BITE Processing Services, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 4837 SULF TREAM Place ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. The name and the Florida street address of the registered agent are: Shelia Marshall Name 4837 SULF TREAM Place Florida street address (P.O. Box NOT acceptable) Cirv, 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 of registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

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.)

Sheil A MARSHA Typed or printed name of signee

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)