Florida Department of State

**Division of Corporations** Public Access System

# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000206643 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

# LIMITED LIABILITY COMPANY

# elda, llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AUG 3 0 2005





# ELDA, LLC

## ARTICLE I

The name of the Limited Liability Company shall: ELDA, 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: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

## ARTICLE IV

The name of the Member(s) and Managing Member(s) for this company shall be:

Managing Member

**ELDA SCATTOLINI** 

11223 NW 75th LANE

**DORAL, FL 33178** 

Member

DANIA SCATTOLINI

11223 NW 75th LANE

**DORAL, FL 33178** 

## ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, DORAL, FL 33172

HOSON TO: IT BUILE

DOI'S JRIOT

H05000000000000

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

ELDA, LLC

(Name of Company)

Having been name 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.

CABANAS AASOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

H0500020ldd49