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	HOVE	KLETTEK	
TO: Registration Section Division of Corporations	:		•
SUBJECT: Elite	;   ;   ;	-	
	ame of Limit	ed Liability Company)	
	31		
The enclosed Articles of Organization a	ind fee(s) are	submitted for filing.	-
Please return all correspondence concer	ning this mat	ter to the following:	
Rodney Mella	() 		
		(Name of Person)	
Rodney Mella Elite	#		
<u> </u>	i	(Firm/Company)	
	1	, , , , , , , , , , , , , , , , , , , ,	
224 Gaile Ave	;   		
	3	(Address)	
Tallahassee	+1	37304 y/State and Zip Code)	
	(Cit	y/State and Zip Code)	
For further information concerning this	matter, pleas	e call:	
	İ		•
	 	at () (Area Code & Daytime Te	
(Name of Person)	1	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following	g amount:		• •
\$125.00 Filing Fee \$130.00 I Certificate o		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is englosed)
Mailing Add Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ECRETARY LLAHASSEE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

+1.

The name of the Limited Liability, Company is:

Ente LL	
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2539 West Tennessee St	224 Gaile Ave
Tallahassee, FC 32305	119 Gille Ave
	ristered Office & Registered Agent's Signatures 2
	interest Office, or treditioner or tribout a programme of the
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Rochen Me	The DATE TO
<del></del>	Name
224 Gaile	Ave
Florida	street address (P.O. Box <u>NOT</u> acceptable)
Tall	FL FL 33304
Cit	y, State, and Zip
	and to accept service of process for the above stated limited

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..

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 3 2201

## "MGRM" = Managing Member. (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 3-22-06 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Typed or printed name of signee

Name and Address:

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

Title:

"MGR" = Manager

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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

\$125.00 Filing Fee for Articles of Organization and Designation