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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF CORPORATIONS

OF MAY -3 PM 2: 55

COVER LETTER

| TO: Registration Division of C | | | |
|---|---|--|--|
| ciud epour. | ELAINAS | "LLC" | |
| SUBJECT: | | d Liability Company) | |
| The enclosed Articles | of Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corre | spondence concerning this matte | er to the following: | |
| ELA | INA COLAS | ANTE | |
| | (| Name of Person) | |
| | ELAI | Firm/Company) | , |
| *************************************** | (| (Firm/Company) | 6.4 |
| 1339 | S EMILY COL | VRT | 06 MAY -3 PM 2: 55 |
| | BEMILY COL | (Address) | |
| | | _ | 7 |
| CLEAR | CWATER, FL (City | 33756 | 2:5 |
| | (City | /State and Zip Code) | ű |
| For further information | on concerning this matter, please | call: | |
| ELATNA | COLASANTE | or (401) 439 - | 8464 |
| (Nar | COLASANTE ne of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check | for the following amount: | | |
| ☐ \$125.00 Filing Fe | e \$\int \\$130.00 \text{ Filing Fee & Certificate of Status} | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center | ns |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR FL | ORIDA LIMITED LIABILITY COMPANY |
|--|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | OS MAY |
| ELAINA'S "LLC (Must end with the words "Limited Liability Company, "Limite | d Commons " on their obline intion "I I C " on "I C " |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1338 EMILY COURT CLEARWATER PL 33756 | 1338 EMILY COURT CLEARWATER, PL 33756 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| ELAINA COLASANTE |
|--|
| Name |
| 1338 EMILY COURT |
| Florida street address (P.O. Box NOT acceptable) |
| CLEARWATER FL 33756 |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| 'MGRM" | Name and Address: ELAINA COLASANTE 1338 EMILY COURT CLEARWATER FL 33756 |
| | |
| | |
| Olivery 1 4°C | |
| LE V: Effective date, if other than the fective date is listed, the date must | ne date of filing: (OPTION be specific and cannot be more than five business de |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) | ne date of filing: (OPTION be specific and cannot be more than five business d |
| LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | be specific and cannot be more than five business de specific and cannot be more than five busin |
| fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sections) | be specific and cannot be more than five business d Luant bey or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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