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COVER LETTER

| TO:' "Registrátion Division of C | | 10 | |
|--------------------------------------|---|---|--|
| _{SUBJECT:} Elite I | Home Managemen | t Services LLC | |
| SCHOLCI. | | ed Liability Company) | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this matt | er to the following: | |
| Laurel M. | Hartman | | |
| | | (Name of Person) | |
| Elite Hom | ne Management Se | ervices | |
| | | (Firm/Company) | |
| 9399 Oak | Strand Drive | | |
| | | (Address) | |
| Bonita Sp | orings, FL 34135 | | |
| | (City | y/State and Zip Code) | |
| For further information | a concerning this matter, please | e call: | |
| Laurel M. Hartman at (239) 246-2800 | |) | |
| (Nam | e of Person) | (Area Code & Daytime Tele | phone Number) |
| Enclosed is a check t | for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 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 Corporations Clifton Building 2661 Executive Center C | ircle |

Tallahassee, FL 32301



January 8, 2008

LAUREL M HARTMAN 9399 OAK STRAND DRIVE BONITA SPRINGS, FL 34135

SUBJECT: ELITE HOME MANAGEMENT SERVICES LLC

Ref. Number: W08000001043

We have received your document for ELITE HOME MANAGEMENT SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00001528

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | : | | | |
|--|-------------------------------------|---------------------------|-----------|------------|
| Elite Home Management, LLC (Must end with the words "Limited Liabi | ility Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the p | | bility Com | pany | is: |
| Principal Office Address: | Mailing Address: | | | |
| 9399 Oak Strand Drive Bonita Springs, FL 34135 | Same as Principal Office Address | | | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | | | | |
| The name and the Florida street address of the registered agent are: | | SECRI TALLA | 80 | CHAM |
| Laurel M. Hartman Name | | | 08 JAN -7 | 327107 |
| 9399 Oak Strand Drive | | | = | : 1 |
| Florida street address (P.O. Box NOT acceptable) | | ST | AH 10: 42 | . F |
| Bonita Springs | _{FL} 34135 | Y OF STATE SEE FLORIDA | ţ2 | مروز الماء |
| City, State, | and Zip | Þ | | |
| Having been named as registered agent and to | accept service of process for the a | ibove stated | d limit | ed |

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 (REOUIRED)

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

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

| <u>Title:</u> | | Name and Address: | | |
|-----------------------------|---|--|-----------------------------------|--------------|
| "MGR" = Mana "MGRM" = Ma | | | | |
| MGRM | | Laurel M. Hartman | | |
| | | 9399 Oak Strand Drive | | |
| | | Bonita Springs, FL 34135 | | |
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| (Use attachment | if necessary) | | | |
| ARTICLE V: Effective | date, if other than the dated, the date must be | late of filing: 01-04-2008 . (0 specific and cannot be more than five but | OPTIONAL siness days | |
| <u>REQUIRED</u> SI | GNATURE: | | SE TAL | |
| | Famel | M. Hartman | JAN - CRETA | |
| | Signature of a member | or an authorized representative of a member. | 7 SSE SSE | <u> </u> |
| | | ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.) | AH 10: 42 OF STATE E FLORID | |
| | Laurel M. Hart | | BE S |) |
| | Тур | ed or printed name of signee | | |

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)