## L08000051574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Contificat Conice Contificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
· -
MAY 23 2008
EXAMINER
- VAINIINER

Office Use Only

200129920512

05/22/08--01026--015 \*\*130.00

## **COVER LETTER**

10:	Division of C				
SUBJ	ECT: EI	ite Land + Inv	estment LLC		
		(Name of Limite	ed Liability Company)		
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this matt	er to the following:		
	*****	Mark A. E	ilers		
			(Name of Person)		
			(Firm/Company)		
	วรเ	Her Lake tillage (	) <sub>10</sub>		
	<u></u>	t4 Lake Ellen J	(Address)	ALC Zigg	_
	-10	1000 El 33101	<b>%</b>	SECRETARY	
		impa, FL 3361 (City	y/State and Zip Code)	SSE 22	T
For fu	rther information	concerning this matter, please	call:	P 3: 3	_
	Mark E	ilers e of Person)	at ( Y\) 305 - (Area Code & Daytime Tele		
	(·····		( 100 000 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>F 1 1 1 1 1 1 1 1 1 1</b>	
Enclo	sed is a check t	for the following amount:			
\$125	.00 Filing Fee	E\$130.00 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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nvestment, LLC, ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	f the principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
2544 Lake Ellen Dr. Tampa, FL 13618  ARTICLE III - Registered Agent, Regi	2544 Lake Ellen Dr. Tamps, FL 33618  istered Office, & Registered Agent's Signature:	
business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another	Charles Charles
The name and the Florida street address of	of the registered agent are:	
Mark A	of the registered agent are:  AX 22  AX 22  Name  Name	Ö
	Name ORIGINATE 3	
	treet address (P.O. Box NOT acceptable)	

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:

"MGR" = Manager "MGRM" = Manag			
MGRM	_	Mark A. Eilers 2544 Lake Ellen C Tampa, FL 33418	)r
·	_		MAY 22 F
	-	. 15.0	P 3: 31
(Use attachment if	necessary)		
CLE V: Effective da ffective date is listed days after the date	d, the date must be sp	te of filing: pecific and cannot be more than	(OPTIONA five business day
REQUIRED SIGN	NATURE:		
	11/	1 (1	
	Ny ast		

Filing Fees:

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

that the facts stated herein are true.)

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

Mark A. Eilers
Typed or printed name of signee