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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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**EXAMINER** 

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Address  City/State/Zip Phone #	5454	office Use Only Tolking Tolkin
CORPORATION NAME(S) & DOCUM		nown):
1. Elivorg LLC (Corporation Name)	(Document #)	To to
2. (Corporation Name)	(Document #)	, ·23·
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time  Mail out Will wait	Photocopy	Certified Copy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
		Examiner's Initials

CR2E031(7/97)

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
ELINORA, LLC.	
	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability (
The mailing address and street address	
	of the principal office of the Limited Liability (
The mailing address and street address	
The mailing address and street address  Principal Office Address:	Mailing Address:

Roger Gimbel Name 6101 Aqua Avenue - Unit 103 Florida street address (P.O. Box NOT acceptable) 33141 Miami Beach,

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

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	ber
MGRM	Harold Oertell
	114 Tranquilla Drive
	Palm Beach Gardens, Florida 33418
MGRM	Roger Gimbel
	6101 Aqua Avenue - Unit 103
	Miami Beach, Florida 33141
(Use attachment if necessary	)
(1.1.1	,
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days price
90 days after the date of filing.	
yo days area one date or ming.	,
REQUIRED SIGNATURE	

Roger Gimbel

Typed or printed name of signee

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

## 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)