

L090000076501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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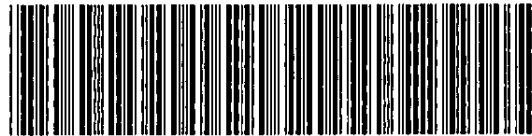
(Business Entity Name)

(Document Number)

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08/05/09--01004--014 **155.00

RECEIVED

09 AUG -5 PM 12:09

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 AUG -5 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 10 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 08-05-2009

REF. #: 001893.108103

CORP. NAME: ELS FLORIDA, LLC

FILED
09 AUG -5 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531195 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 AUG 10 PM 2:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 5, 2009

ASHLEY SMITH
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: ELS FLORIDA, LLC
Ref. Number: W09000035539

* Please use original
submission date as
the file date *

09 AUG -5 PM 4:15
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TALLAHASSEE, FLORIDA

We have received your document for ELS FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED YOUR \$155.00 payment.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 309A00026804

* Please use original
submission date as
the file date *

STATE of FLORIDA
LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

FILED
09 AUG -5 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is **ELS-X HOLDINGS, LLC.**

SECOND: The address of the limited liability company's registered office in the state of Florida is 1007 North Federal Highway #304, Fort Lauderdale, Florida 33304 in Broward County.

The name of the limited liability company's registered agent at such address in the state of Florida is **STUART M. SHERMAN.**

THIRD: The period of duration of the limited liability company shall be perpetual from the date of issuance of the Articles of Organization by the Division of Corporations in the state of Florida.

FOURTH: The limited liability company is to be manager managed.

The undersigned has executed this Articles of Organization of **ELS-X HOLDINGS, LLC** on this ____ day of August, 2009.

By: 
STUART M. SHERMAN,
Authorized Representative

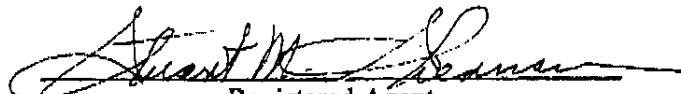
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida statutes Sections 608.415 and 621.13(2), the undersigned Company, organized pursuant to the laws of the state of Florida, submits the following statement designating the registered agent/registered office in the state of Florida.

1. The name of the Company is **ELS-X HOLDINGS, LLC**.
2. The name and address of the registered agent and office is:

Attention: **STUART M. SHERMAN**
1007 North Federal Highway #304
Fort Lauderdale, Florida 33304.

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 in Chapter 608 of the Florida statutes.


Registered Agent

Date: August 10, 2009