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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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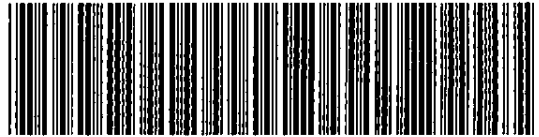
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 26 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE INTEGRATED SYSTEMS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fred Thomas

Name of Person

Elite Integrated Systems, LLC

Firm/Company

2021 Art Museum Drive, Suite 115

Address

Jacksonville, FL 32207

City/State and Zip Code

f.thomas@eis-group.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Thomas

Name of Person

at (904) 346-5343

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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 Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
ELITE INTEGRATED SYSTEMS, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I - NAME

The name of this limited liability company (the "Company") is **ELITE INTEGRATED SYSTEMS, LLC**.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2021 Art Museum Drive, Suite 115
Jacksonville, FL 32207

Mailing Address:

2021 Art Museum Drive, Suite 115
Jacksonville, FL 32207

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

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

Meridian Integration, LLC
2021 Art Museum Drive, Suite 115
Jacksonville, FL 32207

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 certification. 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)

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ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):

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


<u>Title:</u>	<u>Name and Address:</u>
MGRM	Meridian Integration, LLC 2021 Art Museum Drive, Suite 115 Jacksonville, FL 32207
MGR	EIS Group, LLC 2021 Art Museum Drive, Suite 115 Jacksonville, FL 32207
MGR	LaBarron Investment Group, LLC 2021 Art Museum Drive, Suite 115 Jacksonville, FL 32207

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ARTICLE V – EFFECTIVE DATE

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specified and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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 that the facts stated herein are true.)

Zendrick T. Cunningham

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fees for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)