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(((H10000055071 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3691

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

 Address:			

FLORIDA LIMITED LIABILITY CO.

elora limited, llc

Certificate of Status	0
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Estimated Charge	\$125.00

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PAGE 01/04

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March 11, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ELORA LIMITED, LLC

REF: W10000012254

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LIMITED." This word/abbrevietten is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

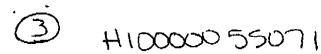
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Tammi Cline Regulatory Specialist II

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ALLAHASSEE, FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar				
The matter of the Limber Liability Compar	ly is.			
Flor	a. LLC			
	Liability Company," "L.L.C.," or "L.L.C.")			
ARTICLE II - Address:				
	he principal office of the Limited Liability Company is:			
Principal Office Address:	Mailting Address: 150 Heath Street West, Suite 503 ARE Toronto, Ontario Canada HE			
150 Heath Street West, Suite 503	150 Heath Street West, Suite 503			
Toronto, Ontario, Canada	Toronto Omtario Canada III			
M4V 2Y4	M4V 2Y4 AS 8			
The name and the Florida street address of Jeffi	the registered agent are:			
	an c			
1711 South S	Summerlin Avenue			
Florida street address	(P.O. Box NOT acceptable)			
Orlendo, 32806	FI			
City, St	ele, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as occity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S			
Registered Agent's S	ignature (REQUIRED)			

(CONTINUED)

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Page LoC2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGRM	William T. Brock 150 Heath Street West, Sulta 503 Tomnto, Ontario, Canada, M4V 2Y4					
	ZOIO SES TAFI					
	2010 MAR 18 AM SECRETARY OF TALLAHASSEE,					
(Use attachment if necessary)	100 G					
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE:						
Signature of a momber or an authorized representative of a member.						
(In accordance with section 608.408(3), Florida Statutes, the execution of this electronal constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)						
Frank J. Lacquaniti, Esquire						
Filling Freez:	or printed name of signoc					

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

\$ 30.00 Certified Copy (Optional)

\$ 5:00 Certificate of Status (Optional)

Page 2 of 2