

L10000057166

From: Origin ID: OPFA (305) 817-2172
Aurora Cintron-Williams

14211 Commerce Way Ste 300

Miami Lakes, FL 33016

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

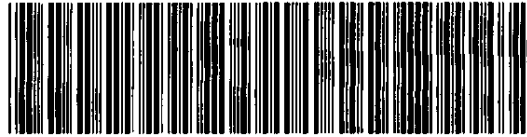
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181316640

05/26/10--01015--019 **130.00

FILED
2010 MAY 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 27 2010
EXAMINER

FILED

2010 MAY 26 AM 11:04

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Loss Consultants LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6625 Miami Lakes Drive STE 305
Miami Lakes, FL 33014

Mailing Address:

6625 Miami Lakes Drive STE 305
Miami Lakes, FL 33014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cosculluela & Marzano, P.A.

Name

14211 Commerce Way Ste 300

Florida street address (P.O. Box **NOT** acceptable)

Miami Lakes

FL 33016

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)

FILED

2010 MAY 26 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Lester Martinez

12921 SW 17 CT

Miramar FL, 33027

MGRM

Guillermo Juan Gonzalez

9173 NW 147 TER

Miami Lakes FL, 33018

MGRM

Manuel Gonzalez

9142 NW 148 ST

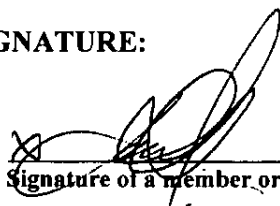
Miami Lakes FL, 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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 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.)

Lester Martinez

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)