Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **ELITE GUARANTY LLC**

Certificate of Status Certified Copy

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Page Count

03

Estimated Charge

\$130.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN Help

MAY 24 2011



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
E.LITE GUARANTY. LLC. (Must and 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: Mailing Address:
7418 NW-108 PATH. SAME DORAL - 35178.
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:
ROBERTO CADELOS CRUZ.
7418 NW- 108 PATH. Florida street address (P.O. Box NOT acceptable)
Do RAL, Florid A FL 33178. 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)
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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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FLORIUS
MGRU	ROBERTO CANELOS	cesz
	7-118 NW - 108 PATH	- DOLAL -33178.
MGR	PARLO CASTILLO -	TERAW) DORAL 33178.
		<u> </u>
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing: be specific and cannot be more than five	(OPTIONAL) : business days prior
REQUIRED SIGNATURE:	4	
Signature of a memi	er or an authorized representative of a memb	 er.
	P 408/2\ P1	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ROBERTO CANELOS CRUZ
Typed or printed name of signee

Filing Fees:

\$125.00 Fling Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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