

L12000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

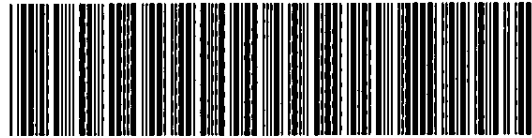
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12 JAN 12 PM 12:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 12 PM 2:35

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ELSIE STERLING OVERSIGHT, LLC

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☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☒ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: BN

1-12

AM

Name _____

Date _____

Time _____

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Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELSIE STERLING OVERSIGHT, LLC
Name of Limited Liability Company

FILED
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DIVISION OF CORPORATIONS
12 JAN 12 PM 2:35

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

Please return all correspondence concerning this matter to the following:

EUGENE J. HOWARD, ESQ.

Name of Person

EUGENE J. HOWARD, ESQ. LAW OFFICES

Firm/Company

1111 Lincoln Road Suite # 400

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

HOWEGA@AOL.COM

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

For further information concerning this matter, please call:

EUGENE J. HOWARD, ESQ.

Name of Person

at (305) 538-6361

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELSIE STERLING OVERSIGHT, 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:

1111 Lincoln Road Suite # 400
Miami Beach, FL 33139

Mailing Address:

1111 Lincoln Road Suite # 400
Miami Beach, FL 33139

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:

EUGENE J. HOWARD, ESQ.

Name

1111 Lincoln Road, Suite # 400

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

Miami Beach, FL 33139

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)

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12 JAN 12 PM 2:35

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:

MGR

Eugene J. Howard, Esquire

1111 Lincoln Road Suite # 400

Miami Beach, Florida 33139

MGRM

Elsie Howard

1111 Lincoln Road Suite # 400

MIAMI BEACH, FLORIDA 33139

MGRM

Elizabeth Brown

1111 Lincoln Road Suite # 400

Miami Beach, FL 33139

MGRM

Bruce P. Samuels

923 N.E. 26 Avenue

Hallandale Beach, FL 33009

(Use attachment if necessary) *See attachment*

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. 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.)

EUGENE J. HOWARD, ESQ.

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)

ARTICLE IV- *Attachment*

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Allen A. Fuller

MGRM

12000 Biscayne Blvd. # 609

Miami, FL 33181