

L12UUUU16571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

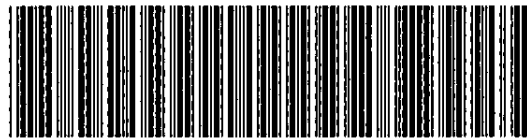
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

FEB - 3 2012

**EXAMINER**



300218598113

300218598113  
01/24/12--01003--022 \*\*130.00

12 FEB - 3 PM 1:32

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2012

RENAE CHRISTINE FULLER  
380 SOUTH STATE ROAD 434, SUITE 1004-248  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: ELITE RELOCATIONS, L.L.C.  
Ref. Number: W12000004220

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 FEB -3 PM 1:33

We have received your document for ELITE RELOCATIONS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The existing entity with a similar name is ELITE RELOCATION, INC. -- Document Number P98000008835.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 412A00001599

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Relocations, L.L.C.,  
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:

Renae Christine Fuller

Name of Person

Elite Relocations, L.L.C.,

Firm/Company

380 South State Road 434, Suite 1004-248

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

renaerelocation@yahoo.com

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

For further information concerning this matter, please call:

Renae Christine Fuller

Name of Person

at ( 407 ) 869-5311

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

12 FEB - 3 PM 1:32  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Elite Relocation Specialists, L.L.C.

(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:

380 South State Road 434  
Suite 1004-248  
Altamonte Springs, Florida 32714

#### Mailing Address:

380 South State Road 434  
Suite 1004-248  
Altamonte Springs, Florida 32714

### 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:

Renee Christine Geller  
Name

380 South State Road 434, Suite 1004-248  
Florida street address (P.O. Box **NOT** acceptable)  
Altamonte Springs FL 32714  
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..*

Renee Christine Geller  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB -3 PM 1:32

**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

"MGRM" *Managing Member*

**Name and Address:**

Renae Christine Fuller  
380 South State Road 434, Suite 1004-248  
Altamonte Springs, Florida 32714

(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:**

*Renae Christine Fuller*

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.)

*Renae Christine Fuller*

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)