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(Requestor's Name)	-
(Address)	
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PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
WALLANDSEE, FLORIDA

EXMINER 2012

COVER LETTER

	on Section f Corporations	
_{SUBJECT:} Elit	e Ocean View Real	ty LLC
	Name of Limit	ed Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all con	rrespondence concerning this mat	ter to the following:
Teodo	ro Palmieri	
		Name of Person
Elite O	cean View Realty	
		Firm/Company
1000 5	th St. Suite 200	
		Address
Miami B	each Fl 33139	
	Cit	y/State and Zip Code
teoocear	nviewintl@msn.com	or future annual report notification)
For further informat	tion concerning this matter, please	•
Teodoro Palm	nieri	at (786) 380-0581
N:	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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:



Elite Ocean View Realty 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:	<u>Mailing Address:</u>	
1000 5th St Suite 200	1000 5th St Suite 200	
Miami Beach Fl 33139	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:

	Teodoro Palmieri		関係が
	1228 West Ave #1509		三
			西京 3
	Florida str	reet address (P.O. Box NOT acceptable)	
	Miami Beach	_{FL} 33139	FEI ST
	C	City, State, and Zip	ONID ATE

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

nieri
e #1509
FI 33139

-31-2012 . (OPTIONA
not be more than five business days
)1 an

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.)

Teodoro Palmieri

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)