

L13000005844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

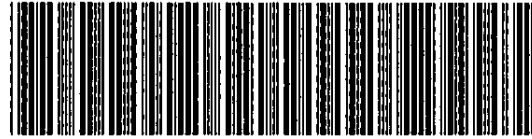
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300243450993

01/10/13--01015--006 \*\*125.00

FILED  
2013 JAN 10 PM 11:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 11 2013

D. BRUCE

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ELISAM PROPERTIES, LLC**  
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:

**SAMUEL GUCAILO**

Name of Person

**EDEN SITE DEVELOPMENT, INC.**

Firm/Company

**115 W. PINE AVENUE**

Address

**LONGWOOD, FLORIDA 32750**

City/State and Zip Code

**Sam@EdenSiteDevelopment.com**

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

For further information concerning this matter, please call:

**Sam Gucailo**

Name of Person

at ( **321** ) **303.3358**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

2013 JAN 10 11:11:25  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ELISAM PROPERTIES, 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:

115 WEST PINE AVENUE  
LONGWOOD, FLORIDA 32750

### Mailing Address:

115 WEST PINE AVENUE  
LONGWOOD, FLORIDA 32750

## 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:

David S. Cohen, Esquire

Name

5728 Major Boulevard, Suite 550

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

ORLANDO FL 32819

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.*

[Signature]  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

SAMUEL GUCAILO

115 WEST PINE AVENUE

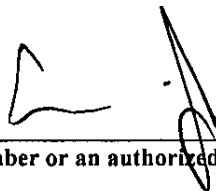
LONGWOOD, FLORIDA 32750

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 4, 2013. (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.)

Samuel Gucailo

Typed or printed name of signer

**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)**

FILED  
2013 JAN 10 4:11:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA