

L13000142527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

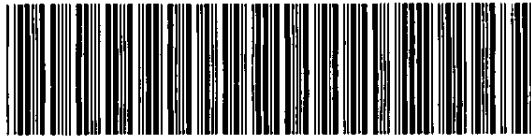
(Business Entity Name)

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OCT - 9 2013

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 836437 4327110

AUTHORIZATION : *D. Clifton*

COST LIMIT : \$ 125.00

ORDER DATE : October 7, 2013

ORDER TIME : 9:06 AM

ORDER NO. : 836437-005

CUSTOMER NO: 4327110

DOMESTIC FILING

NAME: ELIE DAN CLIFTON, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elie Dan Clifton, 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:

Eliezer Mendelsohn

Name of Person

Firm/Company

6000 Island Boulevard, Apt 1403

Address

Aventura, Florida 33160

City/State and Zip Code

eliemen@aol.com

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

For further information concerning this matter, please call:

Eliezer Mendelsohn

at (201) 919-3948

Name of Person

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:

Elie Dan Clifton, 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:

c/o Eliezer Mendelsohn
6000 Island Boulevard, Apt 1403
Aventura, Florida 33160

Mailing Address:

c/o Eliezer Mendelsohn
6000 Island Boulevard, Apt 1403
Aventura, Florida 33160

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:

Eliezer Mendelsohn
Name
6000 Island Boulevard, Apt 1403
Florida street address (P.O. Box **NOT** acceptable)
Aventura FL 33160
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..

By: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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