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COVERDELLER	
TO: Registration Section Division of Corporations	2000 2000 2000 2000
SURJECT: Elite Training LLC	. من شد. تيراً (يَرِيرُ) تيراً (يَرِيرُ)
Name of Limited Liability Company	reg 1
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mark Soberak	
Name of Person	
Firm/Company	
3215 Enterprise Dr Address	
Tallahassee, FL 39310 City/State and Zip Code MSOBORO hotmail. com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Mark Sobozak at (850) 868-035 Name of Person Area Code Daytime Telep	phone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{Certificate of Status}\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Certificate of Status}\$ \$\text{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 FURFL	DRIDA LIMITED LIABILITY CON	MPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
Elife Training LLC (Must end with the words "Limited I	iability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off		
Principal Office Address:	Mailing Address:	
3015 Enterprise Dr Tallahassee, FL 30310	same	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration	Registered Agent. You must desig	
The name and the Florida street address of the registered a	· .	
Mark Sober	<u> </u>	
3015 Enterpri Florida street address (P.O. Box	Se Dr NOT acceptable)	
Tallahassee		
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblice of the complex of the control of the Registered Agent's Signature.	the appointment as registered age if all statutes relating to the proper igations of my position as registere er 605, F.S	ent and agree to act in this r and complete performance
(CONTINUE	E D) ,	5.00 -
Page 1 of 2		FILED 4 FB 13 /3 8 In EONETAN STATES

<u>Title:</u>		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager			
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