

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AL.
(Business Entity Name)	
(Document Number)	· · ·
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W14-23252	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	

Office Use Only



400258167904

04/10/14--01026--017 **125.00



JUN 0 3 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2014

ERIC BOYER 940 FENTON LN #10 LAKELAND, FL 33809

SUBJECT: ELB ONLINE ENTERPRISES, LLC

Ref. Number: W14000023252

We have received your document for ELB ONLINE ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00007884

COVER LETTER

_	ration Section n of Corporations				
SUBJECT:	elb onli Name of Li	ine enterprises, L	LC_		
The enclosed Art	ticles of Organization and fee(s) a	are submitted for filing.			
Please return all	correspondence concerning this n	natter to the following:			
	Eric	L. Bayer Name of Person		-	
	elb on/	ine enterprises,	uc		
	940 Fer	Atun Ln. #10 Address			
		1, FL 33809 City/State and Zip Code 1 terprises @ 9 mail red for future annual report notifications.	Programme and the second secon	2014 JUN-2	COMP
	elbonliner	nterprises@gma	uil-Com ation)	₹	enes Jenou
	E-mail address: (to be use	ed for future annual report notifica	ation)	~	
For further inforr	mation concerning this matter, ple	ase call:	ان من الله الله الله الله الله الله الله الل	₹	(7 B. 202
Er,	C Bayer at (863 859-36 Area Code Daytime Te	225 lephone Number	PM 1: 07	Appendix of the second
Enclosed is a che	eck for the following amount:				
☐ \$125.00 Filing F	ee \$\sum \\$130.00 \text{ 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	Street/Courier Addle Registration Section	r <u>ess</u>		
	Division of Corporations	Division of Corporat	ions		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limite	d Liability Company is:				
	elhonline er	teroris s	a LLC		
<u> </u>	elbonline en	ited Liability C	ompany, "L.L.C.,"	or "LLC.")	_
ARTICLE II - Address The mailing address and	ss: d street address of the principa	al office of the	Limited Liability (Company is:	
Principal Office Addr	ess:	Mailing	Address:		
940 Frenton	Ly. #10 L 33809	940	> Franton L	n. #10	
Lakeland, F	L 33809	Las	celad, fr	33809	- <u> </u>
(The Limited Liability another business entity	ered Agent, Registered Offic Company cannot serve as its o with an active Florida registra da street address of the registe	own Registered ation.)	Agent. You must		vidual or
	Eric L.	Bouler			
	Na Na	ame		-	
	940 Fentun L	n. #10			
	Florida street address (P.O.		eptable)	-	
	Lakelard	FL	33809	_	
	City		Zip		
the place designated capacity. I further ag	registered agent and to accept in this certificate, I hereby acted to comply with the provision familiar with and accept the Complete Comp	ccept the appoint ons of all statute obligations of hapter 605, F.S	ntment as registered es relating to the pa my position as reg	d agent and agree roper and comple istered agent as p	to act in this le performance
	(CONTI	NUED)		n.	07
	Page 1	l of2			

"AMBR" = Authorized Member "MGR" = Manager	Eriz L. Boyer
AMBE	Frix. 1 Bruse
	Z COGA
	940 Fenton Ln. #10
	Lake 100%, FL 33809
	
(Use attachment if necessary)	
E V: Effective date, if other than the date of fi ective date is listed, the date must be specific	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of fi	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	c and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	c and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of five date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe	and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date of five date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02)	er or an authorized representative of a member.
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false information	er or an authorized representative of a member. (33 (1) (b), Florida Statutes, the execution of this document expensive of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	er or an authorized representative of a member. O3 (1) (b), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	er or an authorized representative of a member. O3 (1) (b), Florida Statutes, the execution of this document expensities of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of fiective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02) constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	er or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document on submitted in a document to the Department of State provided for in s.817.155, F.S.)