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SECRETARY OF STATE FALLAHASSEE, FLORIU

Carried Annual Carrie

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Elite Interior Solutions, LLC Name of Li	mited Liability Company	·
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Ryan L. Parrish	Name of Person	
	Elite Interior Solutions	Firm/Company	
	4320 Deerwood Lake Parkway, St		
	Jacksonville, FL 32216	City/State and Zip Code	
<u>eli</u>	teinteriorsolutionsiax@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Ryan I</u>	Parrish at (at (at (904) 386-0574 Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add Registration Section Division of Corporat	

P.O. Box 6327 Tallahassee, FL 32314

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 Interior Solutions, LLC			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC	C.")	
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company	is:	
Principal Office Address:	Mailing Address:		
4320 Deerwood Lake Parkway Suite 101-112	4320 Deerwood Lake Parkway Suite 101-112		
Jacksonville, FL 32216	Jacksonville, FL 32216		
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	n.)	an individu	iai or
Ryan L. Parrish			
Name			
1028 Oak View Circle			
Florida street address (P.O. Box	NOT acceptable)		
Ponte Vedra Beach	FL 32082		
City	Zip		
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap	t the appointment as registered agent ar of all statutes relating to the proper and	nd agree to d complete pe	act in this erformance
Ryan & Park	sol-	SE SE	14
Registered Agent's Signa	ture (REQUIRED)	AHA AHA	001
(CONTINU	ED)	SSEE	J grane
Page 1 of 2			子門

Title:	Name and Address:
"AMBR" = Authorized Memb	
"MGR" = Manager	
MGR	Ryan L. Parrish
	4320 Deerwood Lake Parkway, Ste. 101-112
	Jacksonville, FL 32216
	July 100 17 1 100 100 100 100 100 100 100 10
AMBR	Michael Frierson
7,111517	4320 Deerwood Lake Parkway, Ste. 101-112
	Jacksonville, FL 32216
	Jacksonville, FL J2Z 10
	
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E V: Effective date, if other the ctive date is listed, the date if filing.) E VI: Other provisions, if any.	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
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