

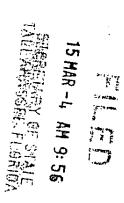
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Certified Copies	_ Certificates	of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2015

IRMA ELIAS 3540 32ND AVE N APT 115 ST PETERSBURG, FL 33713

SUBJECT: ELIAS SERVICES LLC Ref. Number: W15000006202

We have received your document for ELIAS SERVICES 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):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Letter Number: 615A00001729

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>ELIAS SERVICES, LLC</u> Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this i	matter to the following:	
	IRMA ELIAS	N	
		Name of Person	
		Firm/Company	
	3540 32ND AVENUE NORTH, AF	PT 115 Address	
	ST. PETERSBURG, FL 33713	City/State and Zip Code	
يا	AGOLDI6954@HOTMAIL.COM	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
IRMA	ELIAS at (Name of Person	727) 331-2801 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$ 125.0	0 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Add	ress
	Division of Corporations	Division of Corporat	ions
	P.O. Box 6327	Clifton Building	ar Cirolo
	Mailing Address Registration Section Division of Corporations	(additional copy is enclosed) Street/Courier Addition Registration Section Division of Corporat	Certified Copy (additional copy is ress ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
YILIAN SERVICES 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8316 PATSY STREET	8316 PATSY STREET
TAMPA, FL. 33615	TAMPA, FL. 33615
ARTICLE III - Registered Agent, Registered Office, &	& Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own	
another business entity with an active Florida registration	1.)
The name and the Florida street address of the registered	agent are:
The hame and the Fierral shoet address of the registered	agon are.
IRMA ELIAS	· · · · · · · · · · · · · · · · · · ·
Name	
8316 PATSY STREET	
Florida street address (P.O. Box	NOT acceptable)
ΤΛΝΑΠΛ	D1 22645
<u>TAMPA</u> City	FL 33615 Zip
•	·
	vice of process for the above stated limited liability company at
	the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance
of my duties, and I am familiar with and accept the ob-	R ations of my position as registered agent as provided for in
Chapt	år 605, F.S.
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They	· · · · · · · · · · · · · · · · · · ·
Registered Agent's Signat	ave (REQUIRED)
Registered Agent's Signat	are (KEQOIKED)
V	A Firm
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Page t of 2	
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(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorize	d Member	Name and Address:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager		IDMA CLIAC		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	-			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:					
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member; (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this decuments of a may are 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.) IRMA ELIAS Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			TAMPA, FL. 33615		
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ARTICLE IV-