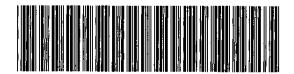
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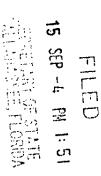
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Cartified Coning Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: THE ELIT	E Recovery Team, LLC Name of Limited Liability Company	
The enclosed Articles of Organization	and fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
<u>T</u>) AVID Itakowitz Name of Person	
TH	E ELITE RELOVERY TEAM, LLC. Firm/Company	
2417.	INDIAN Trail WEST Address	
_ Palm	Havbor FL 34683 City/State and Zip Code YBOY 5950 @ AoL. com (to be used for future annual report notification)	
DAVE	yBoy 5950 @ Aol. com	
For further information concerning this		
·	NITZat (727) 657-8873 Area Code Daytime Telephone Number	
Enclosed is a check for the following a	mount:	
\$125.00 Filing Fee \$130.00 Fil Certificate		
Mailing Address New Filing Section Division of Corporal P.O. Box 6327 Tallahassee, FL 323	Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	T1
	mg _ f	T D

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	FILEU
THE ELITE RECOVERY TEAM LLC	15 SEP -4 PM 1:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	nanga i May 10F STA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	TECRETARY OF STA
Principal Office Address: Mailing Address	;
2417 INDIAN Trail WEST SAME	
2417 INSIAN Trail WEST SAME PALM HARbor, 34683	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indivi- another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	dual or
DAVID ITZ Name	
Florida street address (P.O. Box NOT acceptable)	
PALM Harbor FL 34663 City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relating to the proper and complete performance of	his capacity. I

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am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

		Name and Address:
AMBR" = Authorized MGR" = Manager		
IVIOR - IVIALIAGEI	MGR	DAVID ItZKOWITZ
		DAVID ITZKOWITZ 2417 INDIAN Trail WEST PALM HARbor, FL 34683
		- PALM HArbor, FL 34683
		·
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	-	T
V: Effective date, if of tive date is listed, the	ther than the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to or 96
CV: Effective date, if of tive date is listed, the filing.) the date inserted in this tent's effective date on	ther than the date of fil date must be specific block does not meet to the Department of Sta	and cannot be more than five business days prior to or 96 the applicable statutory filing requirements, this date will no
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