L15000182302

(Re	questor's Name)			
(Add	dress)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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VILK-70794 MD 1068

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: El-AD Group Florida (2015) LLC Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marissa Hight Name of Person				
El-AD National Properties LLC Firm/Company				
1000 South Pine Island Road, Sutte #450				
Plantanon, Fl. 33324 City/State and Zip Code Oyair @ flad national. Com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marita Hight at 904 617-4011 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				



October 26, 2015

MARISSA HIGHT 1000 S. PINE ISLAND RD., STE.#450 PLANTATION, FL 33324

SUBJECT: EL-AD GROUP FLORIDA (2015) LLC

Ref. Number: W15000070794

We have received your document for EL-AD GROUP FLORIDA (2015) 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 registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 415A00022615

ARTI	CLES OF ORGANIZATION F	ORFLOR	IDA LIM	TED LIABILITY COMPANY		15 (
ARTICLE I - Name: The name of the Limited	d Liability Company is:				語	0C1.50
EL-AD G		a Ca		i) LLC		
(M	fust end with the words "Lin	nited Liab	ility Con	ipany, "L.L.C.," or "LLC.")	(س
ARTICLE II - Addres The mailing address and	s: I street address of the princip	al office	of the Li	nited Liability Company is:		TSÁ I
Principal Office Addre	ess:	<u>N</u>	<u> Iailing A</u>	ddress:		
1000 South Diantation, 4	Prnelsland P	٦	Say	me as privapa	<u> </u>	
(The Limited Liability (ered Agent, Registered Off Company cannot serve as its with an active Florida regist	own Regi		Agent's Signature: gent. You must designate an i	ndividual	or
The name and the Florid	da street address of the regist	ered ager	nt are:			
	NRAI	Services.	Inc.			
	- N	lame				
	1200 South	Pine Isla	nd Road			
	Florida street address (P.O.	Box NO	T accept	able)		
	Plantation		FL	33324		
	City			Zin		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Angel Nunez
Assistant Secretary

(CONTINUED)

Page 1 of 2

ARTICLE IV-	a authorized to manage and control the Limited Liability Company:
The name and address of each person	a authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGP/GO_	AVIX KNONEMAN MCO South Place Island Rd, Suite 1500 Plantation, FL 33324
CEO	Amaria Sapran
<u> </u>	1000 Sath fine Island ed, suite 450 Plantation, El 33324
SEC	Arava Mchar
<u> </u>	1000 South Pine Island Rd. Suite 450
	plantatio, Fraida, 33324
-	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d	late of filing: 10/19/2015 (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	/3
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 document
	nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
	down on manifold for in a 917 155 E.C.)

Filing Fees:

Ank Branfman CFD/ELAD National Properties LLC
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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