

JAN/20/2016/WED 01:16 PM

FAX No.

P. 001/005

1/20/2016

Division of Corporations

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
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**FLORIDA LIMITED LIABILITY CO.
ELITE STEAM PRO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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EFFECTIVE DATE 01/21/16
02/01/16

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

Effective Day February 1st 2016

ELITE STEAM PRO, LLC

*(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

*The mailing address and street address of the principal office of the Limited Liability
Company is:*

Principal Office Address
2813 Executive Park Drive, Suite # 225
Weston, FL 33331

Mailing Address
2813 Executive Park Drive, Suite # 225
Weston, FL 33331

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ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

R&P ACCOUNTING & TAXES, INC

Name

200 SE 1ST STREET, SUITE #604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33131

FL City, State, and Zip

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

X

Registered Agent's Signature (REQUIRED)

ARTICLE IV

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:***

Title:

***DORALICE MELLO DIEDAM
2813 Executive Park Drive, Suite # 225
Weston, FL 33331***

AUTHORIZED MEMBER 99%

***MARIA LUCIA MELLO CARDOSO PINTO
2813 Executive Park Drive, Suite # 225
Weston, FL 33331***

MANAGER 1%

ARTICLE V

***Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five
business days prior to or 90 days after the date of filing.***

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REQUIRED: SIGNATURE

X 
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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DORALICE MELLO DIEDAM
Typed or printed name of signer

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