

**L16000102195**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000126986 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6381

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Account Name : CORP USA  
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TELEPHONE  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**FLORIDA LIMITED LIABILITY CO.  
ELSI PROPERTIES, LLC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

111058

*05/20/16*

EFFECTIVE DATE *05/20/16*

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Corporate Filing Menu

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*(ACCOUNTANT NOT ACCOUNTING...)*

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## Detail by Entity Name

### Florida Profit Corporation

#### Filing Information

Document Number P08000040776  
 FEI/EIN Number 37-1567329  
 Date Filed 04/22/2008  
 State FL  
 Status ACTIVE  
 Last Event [REDACTED]  
 Event Date Filed 04/23/2015  
 Event Effective Date NONE

#### Principal Address

2780 N.E. 183RD STREET STE 607  
 AVENTURA, FL 33160

Changed: 04/30/2012

#### Mailing Address

2780 N.E. 183RD STREET STE 607  
 AVENTURA, FL 33160

Changed: 04/30/2012

#### Registered Agent Name & Address

RUIZ DIAZ, DIOGENES  
 2780 N.E. 183RD STREET STE 607  
 AVENTURA, FL 33160

Address Changed: 04/30/2012

#### Officer/Director Detail

##### Name & Address

Title P

RUIZ DIAZ, DIOGENES  
 2780 N.E. 183RD STREET APT. C-607  
 AVENTURA, FL 33160

#### Annual Reports

Report Year	Filed Date
2014	04/26/2014
2015	03/10/2015
2016	02/14/2016

#### Document Images

02/14/2016 - ANNUAL REPORT

[View image in PDF format](#)

03/10/2015 - ANNUAL REPORT

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*The client did amendment on 4/30/12 change the name to Accounting Administration, Corp. You haven't updated on sunbiz.org. Still showing the old name. I'm sending you this because it's hard to get through any one. Lines are always busy. Call me if any thing. Virginia (305) 364-3694 Corp USA.*



May 24, 2016

CORP USA

SUBJECT: ELSI PROPERTIES, LLC  
REF: W16000037988FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 23 PM 12:40

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: W16000126986  
Letter Number: 516A00010981

P.O BOX 6327 - Tallahassee, Florida 32314

③

4160000126986

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELSI PROPERTIES, 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3451 N.W. 48 STREET  
MIAMI, FL. 33142

3451 N.W. 48 STREET  
MIAMI, FL. 33142

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:

ACCOUNTING & BUSINESS ADMINISTRATION, CORP.

Name

2780 N.E. 183rd STREET SUITE # 607

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA

FL

33160

City

State

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.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

GIUSEPPE MONFORTE

2000 TOWERSIDE TERRACE APT 1708

MIAMI FL. 33138

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/20/2016 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware 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.

GIUSEPPE MONFORTE

Typed or printed name of signee

**Filing Fees:**

\$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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