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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Gladiator Elite	LLC
	Name of L	imited Liability Company
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retur	n all correspondence concerning this n	natter to the following:
	tordan L	onglocath Name of Person
	<u>Cladiator</u>	ELITE LLC Firm/Company
	4149 38th St. S	
	7171 387 51.8	Address
	St. petersburg,	FL·38711
	tada in had 6	City/State and Zip Code The last constant const
_	E-mail address: (to be use	d for future annual report notification)
For further in	nformation concerning this matter, plea	ise call:
_	Totok Longue Ah at (727, 687-6912
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address New Filing Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ÁRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	JE I	-	Na	m	e	:
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The name of the Limited Liability Company is:

Gladiator ELife 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:

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:

Jordan Longworth

4149 30th CT. South

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

s Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
Jordon Longwath	
•	
MCH	taken I and
MGR	UIUI 38th ST. South
	ST. Peter Stury, T1. 337/1
	•
 	
(In attachment if accommen	
Ose anachment if necessary)	
Use attachment if necessary)	6/1/16
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