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SECRETARY OF STATE ALLAHASSEF FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
Elite Rolalty solutions
SUBJECT: SUBJECT:
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:
Greyory Snaw Jr.
Name of Person
Firm/Company
9167 sw 41st street apt 103 Address
Address
City/State and Zip Code
City/State and Zip Code
Carryolyd, Juan Qgugit Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Give golf SNaw J. at (780) 853-6301 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{\$130.00 Filing Fee & Certified Copy} \text{\$160.00 Filing Fee, Certified Copy} \text{\$Certified Copy} \text{\$(additional copy is enclosed)} \text{\$(additional copy is enclosed)}
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

5 Stav solut	tions LVC,
(Must end with the words "Limited Liability (Company, "L.IC.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
9167 Su 41st street apt.	9167 Sw 41st street 914.103
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ed Agent. You must designate an individual or
	Sugar JI.
9.167- Sal 41st stre Florida street address (P.O. Bo:	ext apt 103 miranir, 74 33025 ex NOT acceptable)
Mirainar Fi City State	10/27/ 33025 te Zip
Having been named as registered agent and to accept service of proce place designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registere.	ns registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S
· ·	TINUED)

Page 1 of 2

all City

Title: "AMBR" = Auti		er	Name and Address:	
"MGR" = Mana			Gabrielle zaponta	
			200 m 18Jed stree	
			midni gardens FL 33051	<u></u>
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ARTICLE IV-