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## **COVER LETTER**

	Registration Section Division of Corporations	
CUDIECT	Elite Data Destruction, LLC	
SUBJECT	Name of	Limited Liability Company
The enclos	osed Articles of Organization and fee(s)	are submitted for filing.
Please reti	nurn all correspondence concerning this	matter to the following:
	Robert Lake	
		Name of Person
	Elite Data Destruction, LLC	
		Firm/Company
	5900 35th Ave. N.	
		Address
	Saint Petersburg, Fl 33710	
	cole9072@yahoo.com	City/State and Zip Code
	E-mail address: (to be u	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	Robert Lake	727 6988024
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
<b>\$</b> 125.00 F	Filing Fee \$\frac{130.00}{20}\$ Filing Fee \$\frac{1}{20}\$ Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Elite Data Destruct	ion, LLC.		
(Must end	d with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
5900 35th Ave. N.		590	35th Ave. N.
Saint Petersburg, F	133710	Sair	t Petersburg, Fl 33710
he Limited Liability Compar	ny cannot serve as its own I	Registered Agent.	nt's Signature: You must designate an individual or
RTICLE III - Registered A The Limited Liability Compar nother business entity with an the name and the Florida stree	ny cannot serve as its own I nactive Florida registration	Registered Agent.	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own I nactive Florida registration	Registered Agent.	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own In active Florida registration at address of the registered	Registered Agent.	You must designate an individual or
he Limited Liability Compar other business entity with an	ny cannot serve as its own In active Florida registration at address of the registered	Registered Agent.  .)  agent are:	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own In active Florida registration at address of the registered at Robert Lake	Registered Agent.  .)  agent are:  Name	You must designate an individual or
The Limited Liability Compar nother business entity with an	ny cannot serve as its own In active Florida registration at address of the registered and Robert Lake  5900 35th Ave. N.	Registered Agent.  .)  agent are:  Name	You must designate an individual or

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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

MBR" = Authorized Member IGR" = Manager GR	Robert Lake 5900 35th Ave N Saint Petersburg FI 33710
GR — Manager	5900 35th Ave N
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se attachment if necessary)	
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iling.) e date inserted in this block does not meet the nt's effective date on the Department of State VI: Other provisions, if any.  EOUIRED SIGNATURE:	applicable statutory filing requirements, this date will not so records.
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ciling.) the date inserted in this block does not meet the nt's effective date on the Department of State  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance.	applicable statutory filing requirements, this date will not so records.  or an authorized representative of a member.  occordance with section 605.0203 (1) (b), Florida Statutes.
course of a member of This document is executed in an aware that any false inform	applicable statutory filing requirements, this date will not be records.  The records are an authorized representative of a member. Coordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State
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