

1/30/2017

Division of Corporations

L17000027815

Florida Department of State

Division of Corporations

Registration Services

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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TALLAHASSEE, FLORIDA
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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.
ELEVATE 7 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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JAN 31 2017

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FAX AUDIT # H170000278453

**ARTICLES OF ORGANIZATION
OF
ELEVATE 7 LLC**

ARTICLE I NAME

The name of the limited liability company is: ELEVATE 7 LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 405 South Dale Mabry Hwy Suite 371, Tampa, Florida 33609.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: Mark Williams, A.V.P. Business Filings Incorporated

Date: *January 27, 2017*

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Maria Campos, 405 South Dale Mabry Hwy Suite 371, Tampa, Florida 33609

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ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Maria Elena Campos
Maria Campos, Organizer

Date: 1/28/2017

Authorized Representative

(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. 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.)

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