# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. ELIA INVESTMENT GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. BURCH

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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "LIC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
10899 SW 72 ND St.	10899 SW 72ND St
ste 203	ste 203
MIAMI FL BOITS	miAmi FL 33173

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company caunot 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:

Hugo	MART	INEZ		At e	77	
10899	Name 5W	72 ND	5+,	ste 203	HAR 2	_
Florida street addr	ess (P.O. Box		3 173		8 AH	ורבו
City	State		Zip		9	_

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)

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"AMBR" = Authorized Member	Name and Address:
NA 4555 H	
"MGR" = Manager	HUgo MARTINEZ
<u> </u>	
	10899 SW 72 M 57 ste
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Use attachment if necessary)	
EV: Effective date, if other than the date of filin ctive date is listed, the date must be specific a f filing.)	g: (OPTIONAL) and cannot be more than five business days prior to or
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CV: Effective date, if other than the date of filing tive date is listed, the date must be specific a filing.)  the date inserted in this block does not meet the nent's effective date on the Department of State CVI: Other provisions, if any NONE  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	e applicable statutory filing requirements, this date will re's records.  or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutements on submitted in a document to the Department of Statutement of S
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