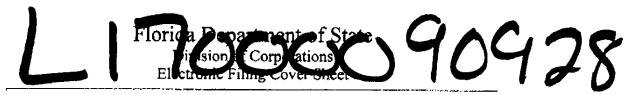
Page 1 of 1



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(((H17000111244 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: Il9990000242 : (215)563-8113 Phone : (215)977-9386 Fax Number

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## FLORIDA LIMITED LIABILITY CO. Elmwood Holdings, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

APR 25 2017

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Help

K. Brumbley

ARTICLES	FORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liabil	ity Company is:		•	
Elmwood Holdings (Must cor	LLC tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Addres	<u>ıs</u> :
62 Fournier Crescer Elmwood Park, NJ			ournier Crescent wood Park, NJ 07407	<u></u>
The name and the Florida street	address of the registered	_		
	220 Fan Vissisia Ca			
	239 East Virginia Str Florida street addres		cceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
l laving been named as registered olace designated in this certificate further agree to comply with the p am familiar with and accept the o	s, I hereby accept the app provisions of all statutes re	ointment as register elating to the proper	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I

(CONTINUED)

17 APR 24 AM 9: 40

ADTICLETY

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Sam S. Beeler
	62 Fournier Crescent
	Elmwood Park, NJ 07407
AMBR	Dr. Jacob Wilson
	110 S. Matanzas Avenue
	Tampa, FL 33609
AMBR	Ryan P. Lowery
<del></del>	2006 S. Carolina Ayenue, Apt. #3
	Tampa, FL 33629
	·
(Use attachment if necessary)	
ICLEV: Effective date, if other than	the date of filling: (OPTIONAL)
ICLE V: Effective date, if other than a effective date is listed, the date must	the date of filing:
ICLE V: Effective date, if other than a effective date is listed, the date mustate of filing.)	st be specific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than a effective date is listed, the date mustate of filing.)	st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed
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ICLE V: Effective date, if other than a effective date is listed, the date mulate of filing.)  [1] If the date inserted in this block do document's effective date on the Department's effective date on the Department's Other provisions, if any.    REOUIRED SIGNATURE:   Signature   This document is   Jam aware that a	est be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records.  The specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records.
ICLE V: Effective date, if other than a effective date is listed, the date mustate of filing.)  If the date inserted in this block do document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document if I am aware that a constitutes a thir	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State.

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