# L1700010804

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300299255803

05/18/17--01003--001 \*\*175.00

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 3-D Elite LLC  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:
Christopher E. Davis Name of Person
3-1) Elite Firm/Company
623 Chattman St. East Address
Lehigh Acres FL 33974  Thboyz@live.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christophert. Davis at (239), 234-0206  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address

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

# Street Address

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:	EVISION OF CORPORATIONS
3-DElite LLC	17 MAY 17 所 年 15
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	.imited Liability Company is:
Principal Office Address:	Mailing Address:
1023 Chattman St. Eust Cerrigh Acres FL 33974	East Lehigh Acres, FC 33974
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther, business entity with an active Florida registration)	

The name and the Florida street address of the registered agent are:

Name

Florida street address (P.O. Box NOT acceptable)

Florida street address (P.O. Box NOT acceptable

State

Zip

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)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Stacy David 1023 Chartwan St. 1205t
AMBR	Christopher E. Davis  (23 Chatteran St. East  (23 Chatteran St. East  (24 Chatteran St. East
AMBR	Oscar Brooks (ed.) Chartman St. East Labinh Acces El 33974
AMBR	Mark Davis 1023 Chattman St. East Lehigh Acres FI 339174
(Use attachment if necessary)	
the date of filing.)	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 a
REQUIRED SIGNATURE	La Dans
This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)