## 117000207017

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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- Coordinate Coordinat

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## COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: よ	=11ioH's Comu, Name of Lin	nications	
	Name of Lin	nited Liability Company	
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Sco H	Darry/ Elliot Name of Person	1
	Elliot	t's Comunication Firm/Company	5
	1238 K	RI'S KOU TR.	
		Address	
	TAILA	+5Scと <u>F1・323</u> Dity/State and Zip Code	10
	Scotteriott E-mail address: (to be used	43.50@ gmail. Cond for future annual report notification	)
For further information	on concerning this matter, pleas	se call:	
Llion	Name of Person	Rea Code Daytime Telephone N	Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
7 1. P	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

١	RT	ICI	E I	- Name:
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The name of the Limited Liability Company is:

Ellio H's Comunication LLC.

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

## ARTICLE II - Address:

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

Principal Office Address:

1238 KNIS Kev Tr.

1238 KNIS Kev Tr.

12414 Fl. 32310

TAILAMASSEE Fl. 32310

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

Name

1238 KN'S KCU Tel

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

Tallahassee Fl. 32310

City 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 OCT -9 AN 9:33

<u>l'itle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
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MGK	20HFHott
	1738 KKIJ KEJ TRI
	JAILY F1. 32510
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(Use attachment if necessary)  E.V: Effective date, if other than ective date is listed, the date must	the date of filing:
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)