

# L18000280392

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To:

Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ELITE POWER AUTOMOTIVE, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - NAME:**

The name of the Limited Liability Company is:

**ELITE POWER AUTOMOTIVE, LLC**

(Must end with the words "Limited Liability Company" "LLC" or L.L.C")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

**140 N MAGNOLIA ST.  
FELLSMERE, FL 32948**

**140 N MAGNOLIA ST.  
FELLSMERE, FL 32948**

**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 FL registration.)

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

**LISA WESTON  
140 N MAGNOLIA ST.  
FELLSMERE, FL 32948**

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certification, 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..

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

**LISA WESTON  
140 N MAGNOLIA ST  
FELLSMERE, FL 32948**

Managing Member

**VICTOR VALDES  
140 N MAGNOLIA ST  
FELLSMERE, FL 32948**

**ARTICLE V - Effective date, if other than the date of filing: DECEMBER 5, 2018**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Required Signature:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**LISA WESTON**

typed or printed name of signer

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