## L18000285505

| (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: |
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Office Use Only



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PILEU 2018 DEC 11 AM 4: 43 SECRETARY OF STATE

## **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Elsia Construction LEC  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:  |
| Elsia Garcia Name of Person  |
| Elsia Construction LLC. Firm/Company   |
| 7500 West 20 Avenue #204   |
| Haleah, Fl 33016  City/State and Zip Code  elsianena 2008@ gahoo. com.   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)       |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |
|--|---|
| (Must contain the words "  | A CONSTRUCTION LLC Limited Liability Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:  | rincipal office of the Limited Liability Company is:  |
| Principal Office Addr  | ress: Mailing Address:  |
| Elsia Ga   | rcia 7500 West 20 Avenue #204 Higlegh FL  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida registered). | s its own Registered Agent. You must designate an individual or   |
| The name and the Florida street address of the r   |   |
|  | Elsia Garcia  |
|  | O West 20 Menue # 204   |
| Florida stre   | et address (P.O. Box <u>NOT</u> acceptable)  1 ea h Florida 33016   |
| - <del>                                     </del>   | ity State Zip   |
| place designated in this certificate, I hereby accepfurther agree to comply with the provisions of all s   | cept service of process for the above stated limited liability company at the appointment as registered agent and agree to act in this capacity. I statutes relating to the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 605, F.S  Registered Agent Signature (REQUIRED) |

(CONTINUED)

DIB DEC 11 AM 4: 43

| Title:  |  | Name and Address:  |
|---|--|--|
|   | thorized Member  |  |
| "MGR" = Man   | ager   | Elsia Marcia   |
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| Use attachmen   | ii ii necessary)   |  |
| •   |  | 141-616  |
| (Use attachmer  | date, if other than the date   | of filing: 10/29/18 (OPTIONAL)   |
| EV: Effective   | date, if other than the date   | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d  |
| E V: Effective ective date is list  | date, if other than the date sted, the date must be spe  | cific and cannot be more than five business days prior to or 90 d  |
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\$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)