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NAME: ELITE TECHTRONICS, LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE Charles

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Elite Techtronics, LLC			
SUBJEC		Limited Liabil	lity Company	-
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.	
Please re	turn all correspondence concerning this	s matter to the	following:	
	Cynthia M. John, Paralegal			
		Name of	Person	
	Mirick O'Connell			
		Firm/Co	mpany	
	100 Front Street			
		Addr	ĊSS	
	Worcester, MA 01608			
	cjohn@mirickoconnell.com	City/State an	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notification)	
For further	information concerning this matter, ple	ease call:		
	Cynthia M. John	508	929-1617	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$ 125.00 I	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─ ^J Certifi	al copy is enclosed) Certified C	of Status &
	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	

FL052N - 2/16/2017 Wolters Kluwer Oalline

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nics, LLC			
(Mı	ust 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 I	Liability Company is:	
<u> </u>	Principal Office Address:		Mailine Addr	255 :
4720 Radio R	oad, Suite 205	4720	Radio Road, Suite 205	
Naples, FL 34	1105	Naple	s, FL 34105	
•	street address of the registered	•		
	David DiLoreto	Name		
	4720 D. H. D 4 C			
	4720 Radio Road, S	ss (P.O. Box <u>NOT</u> acc	entable)	
			• ,	
	Naples City	Florida	34105 Zip	
	City	State	Zip	
	stered agent and to accept serv tificate, I hereby accept the app in the provisions of all statutes re title obligations of my position	ointment as registered elating to the proper a	l agent and agree to act in nd complete performance	n this capacity. I e of my duties, and I
piace designated in this cert further agree to comply with am familiar with and accept	the congunous of my position	as registered agent as	- /	
further agree to comply with		as regisierea ageni as		. SE.
further agree to comply with	Ву:	cred Agent's Signature	e (REOUIRED)	19 HAR SECRETI TALLAHA

ARTICLE 1 - Name:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	David DiLoreto
	4720 Radio Road, Suite 205
	Naples, FL 34105
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(Use attachment if necessary) ICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) E: If the date inserted in this block does not locument's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the dat a effective date is listed, the date must be spate of filing.) E: If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed of State's records.
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executed an aware that any false.	pecific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) E: If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is execult am aware that any fals	mect the applicable statutory filing requirements, this date will not be listed of State's records. ember or an authorized representative of a member. ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State

Filing Fees:

\$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)