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COVER LETTER

Di	ision of Corporations			
SUBJECT:	Elevation Economics LLC			
		imited Liabili	ty Company	
The enclose	d Articles of Organization and fee(s)	are submitted	for tiling.	
Please retur	all correspondence concerning this	matter to the fo	ollowing:	
	Daniel Gonzalez			
•		Name of	Person	
	Elevation Economics LLC			
		Firm/Co	npany	
	100 East Granada Blvd Suite 215	SG .		
		Addre	ess	
	Ormond Beach, FL 32176			
c	anielgonzalezppl@gmail.com	City/State and	J Zip Code	
_	E-mail address: (to be us	ed for future a	nnual report notification)	
For further in	formation concerning this matter, ple	ase call:		
l	Daniel Gonzalez	305	282-1839	
-	Name of Person		Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & S160.00 Filing Feed Copy Certificate of Stat Copy is enclosed) Certified Copy (additional copy is e	us &
	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

Elevation Economics LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
WWW.	
tTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
·	
e mailing address and street address of the principal office <u>Principal Office Address:</u>	of the Limited Liability Company is: <u>Mailing Address</u> :
·	
Principal Office Address:	<u>Mailing Address</u> :

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

Daniel Gonzalez		
	Name	
100 East Granada Blvd	Suite 215G	
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
Ormond Beach	Flrodia	32176
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 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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized	Member
"MGR" = Manager AMBR	Daniel Gonzalez
	100 East Granada Blvd Suite 215G
	Ormond Beach, FL 32176
AMBR	Rebecca Gonzalez
TOTAL	100 East Granada Blvd Suite 215G
	Ormond Beach, FL 32176

(Use attachment if nece	scan/l
he date of filing.) Note: If the date inserted in this	date must be specific and cannot be more than five business days prior to or 90 days after block does not meet the applicable statutory filing requirements, this date will not be listed at the Department of State's records.
REQUIRED SIGNAT	////
This do	ignature of a member of an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State ttes a third degree felony as provided for in s.817.155, F.S.
	Daniel Gonzalez
-	Typed or printed name of signee
	· •

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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