

L20000123563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

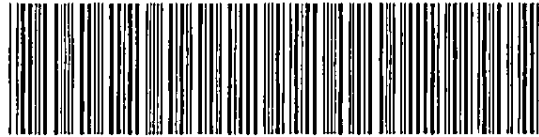
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Elza Enterprises, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION

OF

ELZA ENTERPRISES, LLC

The undersigned authorized representative hereby forms a limited liability company under the laws of the State of Florida:

ARTICLE I

COMPANY NAME

The name of this company is:

ELZA ENTERPRISES, LLC

ARTICLE II

COMMENCEMENT

The existence of the Company shall commence on May 11, 2020, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the time authorized by Statute.

ARTICLE III

MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and the street address of the principal office of the limited liability company is 410 31st Street, West Palm Beach, FL 33407.

ARTICLE IV

REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

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TALLAHASSEE, FLORIDA

Garry M. Glickman
1601 Forum Place, Suite 1101
West Palm Beach, FL 33401

ARTICLE V

INITIAL MANAGER

The Initial Manager of the Company shall be:

Monique E. Cadogan
410 31st Street
West Palm Beach, FL 33407

The Initial Manager shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf, including the authority to execute any instrument transferring, encumbering or in any way involving real property related to the Company.

Notwithstanding the foregoing, the Manager shall have the absolute authority to subcontract any management functions of the Company in her sole and absolute discretion.

ARTICLE VI

DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall dissolve only as provided in the Operating Agreement of the Company or pursuant to Florida Statute §605.

ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

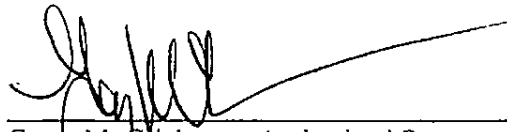
i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

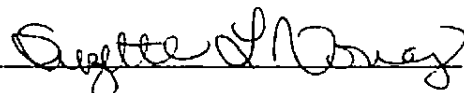
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 11th day of May, 2020 and affirms that the Company has at least one member as of the effective date of these Articles.


Garry M. Glickman, Authorized Representative

STATE OF FLORIDA]
] ss:
COUNTY OF PALM BEACH]

The foregoing instrument was acknowledged before me this 11th day of May, 2020, by Garry M. Glickman, Authorized Representative of the afore-described Limited Liability Company, who is personally known to me and did not take an oath.

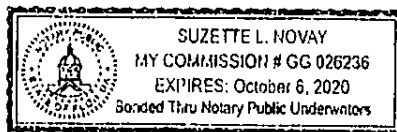
NOTARY PUBLIC:

SIGN 

PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:

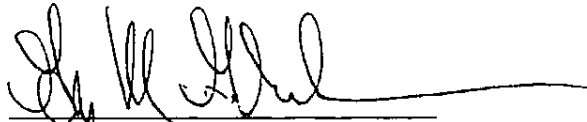


**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

ELZA ENTERPRISES, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, FL 33401 as its agent to accept Service of Process within this State.


ACKNOWLEDGMENT

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.


Garry M. Glickman

SWORN TO AND SUBSCRIBED before me this 11th day of May, 2020.




NOTARY PUBLIC - STATE OF FLORIDA
Name: Suzette L. Novay
(Type, stamp or print)

Personally known or produced identification . If produced identification, type or identification produced: N/A