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Email Address: \_\_\_\_ lfoster1100@gmail.com\_\_

#### FLORIDA LIMITED LIABILITY CO.

Elle Ventures, LLC		
Certificate of Status	1	
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October 8, 2020

# FLORIDA DEPARTMENT OF STATE BARNETT, BOLT, KIRKWOOD, LONG, KOCHE & FOSTER

SUBJECT: ELLE, LLC REF: W20000115485

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Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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James Harris Regulatory Specialist II New Filing Section

FAX Aud. #: H20000349499 Letter Number: 320A00019663 H20000349499

#### ARTICLES OF ORGANIZATION OF ELLE VENTURES, LLC

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

#### ARTICLE 1 Name

The name of this limited liability company is ELLE VENTURES, LLC (hereafter, the "Company").

#### ARTICLE 2 Effective Date

This Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

#### ARTICLE 3 Mailing Address and Principal Office

The street address of the principal office of the Company is 1100 S Bayshore Blvd., Safety

Harbor, FL 34695, and the Company's mailing address is 12 E. 22<sup>nd</sup> St., Apt 8H, New York, NY

10010.

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#### ARTICLE 4 Initial Registered Office and Agent

The street address of the initial registered office of this Company is 1100 S Bayshore Blvd., Safety Harbor, FL 34695, and the name of the initial registered agent of this Company at that address is Todd Foster.

#### ARTICLE 5 Management of the Company

The Company is to be managed by one or more managers and is, therefore, a managermanaged limited liability company. The name and mailing address of the initial manager of the Company are:

#### Lauren Foster 12 E. 22<sup>nd</sup> St., Apt 8H New York, NY 10010

#### ARTICLE 6 Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the <u>8th</u> day of October, 2020.

AUTON. Foster 8DA361A8944C

Lauren Foster, Member

#### H20000349499

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE OF ELLE VENTURES, LLC

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: ELLE VENTURES, LLC.

2. The name and address of the registered agent and office are:

Todd Foster 1100 S Bayshore Blvd, Safety Harbor, FL 34695,

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, Florida Statutes.

Dated: October <u>8</u>, 2020.

Docusioned by:

CODASEEDIDODATE

Todd Foster

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