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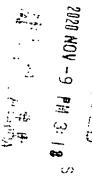
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SECRETARY OF STATE

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## CAPITAL CONNECTION, INC.

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

Elite Motor Capital	, LLC			
			II	
				<u> </u>
		1		Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			<u></u>	Merger File
				Art. of Amend. File
			<u> </u>	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			ļ	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
oignataro				Vehicle Search
		<del>_</del> _		Driving Record
Requested by:				UCC 1 or 3 File
Nome	Data	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In		P		Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 NOV -9 AM 9: 10

SECRETARY OF STATE TALLAHASSEE, FL

Elite Motor Capital, LLC

(Must 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 Liability Company is:

<u>Principal</u>	Office Address:		Mailing Addre	<u>:ss</u> :
2 South Biscayne Blvc	<b>I</b> .	2	South Biscayne Blvd.	
Suite 2600			uite 2600	
Miami, FL 33131			liami, FL 33131	
nother business entity with an ac	, ,	d agent are:		
		Name		
	2 South Biscayne B	Ivd., Suite 2600		
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	
	Miami	FL	33131	
			1	

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..

Mark Bryn
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager	Name and Address:
<u>M</u> GR	Gregory Nacron
	2 South Biscayne Blvd., Suite 2600
	Miami, FL 33131
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te of filing.)	date of filing:, (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days  not meet the applicable statutory filing requirements, this date will not be li
cument's effective date on the Departm	
CLE VI: Other provisions, if any.	
DEQUIDED CICNATUDE.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Gregory Nacron
	Gregory Nacron a member or an authorized representative of a member.
Signature of a This document is ex	a member or ad authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is ex I am aware that any f	a member or an authorized representative of a member.
Signature of a This document is ex I am aware that any to constitutes a third de	a member or ad authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Signature of a This document is ex I am aware that any f	a member or ad authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.