## L21000055884

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## COVER LETTER

	lew Filing Section Division of Corporations		277 J. 25 AM In.
	Elwood International LLC		67 In: (
SUBJEC		mited Liability Company	
<b></b>			
	sed Articles of Organization and fee(s) a	_	
Please reti	irn all correspondence concerning this n	natter to the following:	
	Richard Wilson		
		Name of Person	
	Elwood International LLC		
		Firm/Company	
	11501 NW 30th Place		
		Address	<u> </u>
	Sunrise, FL 33323		
		City/State and Zip Code	
	socawillo@yahoo.com		<del></del>
	E-mail address: (to be use	d for future annual report notification	On)
For further	information concerning this matter, pleas	se call:	
	Richard Wilson	786, 863-0945	,
		Area Code Daytime Telephone	e Number
Enclosed	s a check for the following amount:		
□\$125,00	O Filing Fee   □\$130,00 Filing Fee & Certificate of Status	© \$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations	Street Address  New Filing Section Di The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
Elwood International	LLC			
		Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal of	office of the Limite	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Ad	dress:
11501 NW 30th Plac	e		501 NW 30th Place	
Sunrise, FL 33323		Su	nrise, FL 33323	
<del></del>				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agent on.) d agent are:	. You must designate aπ i	ndividual or
		Name		
	11501 NW 30th Pla	ce		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	Sunrise	FL	33323	
	City	State	Zip	
Having been named as registered of colace designated in this certificate, further agree to comply with the pi am familiar with and accept the ob	I hereby accept the approvisions of all statutes in ligations of my position	pointment as registerelating to the proper as registered agen	ered agent and agree to ac er and complete performa t as provided for in Chapi ature (REQUIRED)	ct in this capacity. I nce of my duties, and i
		(COLLEGED)	,	

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Richard Wilson
MCIK	11501 NW 30th Place
	Sunrise, FL 33323
<del></del>	
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.) The date inserted in this block does not rement's effective date on the Department	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not r	ecific and cannot be more than five business days prior to or 90 dancet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 dancet the applicable statutory filing requirements, this date will not be

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)

ARTICLE IV-