

7/15/2021

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.

Elshaw Advisory, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
FOR
ELSHAW ADVISORY, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: Elshaw Advisory, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5512 Harbour Circle
Cape Coral FL 33914

Mailing Address:

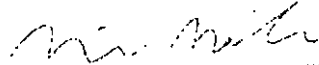
5512 Harbour Circle
Cape Coral FL 33914

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

VCorp Services, LLC
5011 South State Rd. 7
Suite 106
Davie, FL 33314

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

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

Title:

Authorized Person

Name and Address:

James Chris Elshaw
5512 Harbour Circle
Cape Coral FL 33914

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REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "James", written over a horizontal line.

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JAMES CHRIS GUSKAW

Typed or printed name of signee