L21000 398362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/09/2021	<u> </u>		⇔ WALK IN
ENTITY NAME ELITE	E INVESTIGATIONS, LL	С	
DOCUMENT NUMBER	·		
	PLEASE FILE THE	ATTACHED AND RETURN	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
•	**PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY**	•
	Certified Copy of Arts &	Amendments	
	Certificate of Good Stand		
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$180.	00	ACCOUNT #: I2016000	0072
Please call Tina at	the above number for an	S. B. FM y issues or concerns. Thank y	oa so much!

Articles of Conversion

For

"Other Business Entity"

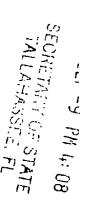
Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

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- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 9th day of September	20_21
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative:	
Signature of Authorized Representative: Printed Name: Joseph M. Saponaro	Title: Authorized Signatory
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Printed Name: Diseph M. Saponaro	Desided to
Printed Name: poseph M. Saponaro	Little: President
Signatura	
Signature: Printed Name:	Title
Timod Panie.	
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	Tial
Printed Name:	title:
Signature:	
Printed Name:	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In-	corporator must sign.
If Florida General Partnership or Limited Liabili	to Bastonomiking
Signature of one General Partner.	ty raithership.
orgination of one denotary article.	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:	
Elite Investigations, LLC (Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
7065 West 3 Court	7065 West 3 Court Hialeah, Florida 33014	
Hialeah, Florida 33014	malean, Florida 550 14	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Erving Sequeira	istered Agent. You must designate an individu	al or another SECNET
Nan	ne	-9 PM AKT OF HASSE
7655 NW 50th Street		PM 4: 08 OF STAT SEE, FL
Florida street address (P.O.	reet address (P.O. Box NOT acceptable)	
Miami	FL 33166	. <u>Li</u> co
City	Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as references. Registered Agent's Signature (CONTI	in this certificate. I hereby accept the icity. I further agree to comply with a performance of my duties, and I am registered agent as provided for in Company and I am grature (REQUIRED)	ne appointment as I the provisions of all In familiar with and

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Joseph M. Saponaro
	7655 NW 50th Street
	Miami, Florida 33166
	_
MGR	Gary Weksler
	7655 NW 50th Street
	Miami, Florida 33166
	
	
(Use attachment if necessary)	
(Ose andomnem is necessary)	
ICLE V: Other provisions, if any.	
TOBE V. Outer provisions, it any.	
- 	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
' /// /	
	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware tha
any false information submitted in a document as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree felon
as provided for in 5.617.155, P.S.	
Joseph M. Saponaro	
	med or printed name of signer

Typed or printed name of signee

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)