

CORRECTED, PLEASE HONOR ORIGINAL SUBMISSION DATE OF 9/2/22

L22000386291

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000310447 3)))



H220003104473ABCX

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
THE ELEMNT CLUB, LLC**

****PLEASE HONOR
ORIGINAL SUBMISSION
DATE OF 9/2/22**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

****PLEASE HONOR
ORIGINAL SUBMISSION
DATE OF 9/2/22**

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September 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: THE ELEMNT, LLC
REF: W22000112997

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000091491.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000303596
Letter Number: 522A00019785

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FILED
DIVISION OF CORPORATIONS

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Friday, September 02, 2022 12:47 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20220902_114632_000061DB-0000.pdf

Create Time: 09/02/2022 11:37:52 AM
 Schedule Time: 09/02/2022 11:46:32 AM
 State: sent
 Schedule Message: Successfully sent fax
 Hangup code: 0
 Try #: 1
 Username: admin
 Sender name: Leslie Sellers
 Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
 Subject: H22000303596
 Max tries: 5
 Try interval: 600
 Priority: 3
 Pages: 5
 Recipient fax: 850-617-6381
 Recipient phone:
 Recipient name:
 Recipient org: FL SOS
 Use cover page: true
 Receipt: always
 Print receipt: never
 Print receipt printer:
 Print receipt first page: false
 Fax Page Size: auto

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 DEPT OF STATE
 1100 1100 1100

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Elemnt Club, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth Cohen

Name of Person

Seco Tax, LLC

Firm/Company

8551 W. Sunrise Blvd

Address

Suite 300

City/State and Zip Code

Plantation, FL 33322

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth G. Cohen

203

521-0015

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE OF FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H22000303596

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Elemnt Club, 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:

Principal Office Address:**Mailing Address:**8551 W. Sunrise BlvdSameSuite 300Plantation FL 33322**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Seth G. Cohen

Name

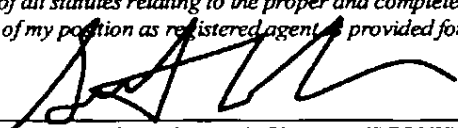
8551 W. Sunrise Blvd, Suite 300Florida street address (P.O. Box **NOT** acceptable)PlantationFL33322

City

State

Zip

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 (REQUIRED)

(CONTINUED)

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 E.D.
 THE FLORIDA SECRETARY OF STATE
 1000 BANKERS BUILDING
 TALLAHASSEE, FL 32399

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBREsther Sultan
130 NE 24th Street
Miami, FL 33137AMBREduardo Sultan
488 NE 18th St, Unit 1208
Miami, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**
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.Seth G. Cohen

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)

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