

10/22/22, 9:40 AM

Division of Corporations

**H22000459159**

Florida Department of State  
Division of Corporations  
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To:

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

*[Handwritten signature]*  
10/22/22

From:

Account Name : PYLE, DELLINGER & DUZ, PLLC  
Account Number : I20000000053  
Phone : (386)615-9007  
Fax Number : (386)676-2615

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

Email Address: Sladd22@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
TK ELITE PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
TK ELITE PROPERTIES, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company IS **TK ELITE PROPERTIES, LLC.**

**ARTICLE II  
ADDRESS**

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

Principal Office Address:

1 Oceans West Boulevard, Unit 14B5  
Daytona Beach, FL 32118

Mailing Address:

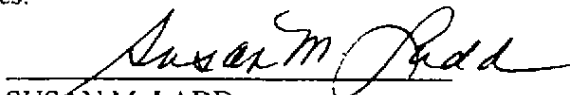
1 Oceans West Boulevard, Unit 14B5  
Daytona Beach, FL 32118

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

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

SUSAN M. LADD  
1 Oceans West Boulevard, Unit 14B5  
Daytona Beach Shores, FL 32118

*Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.*

  
SUSAN M. LADD

**ARTICLE IV  
MANAGEMENT**


The Company is managed by a Manager/Managers. The person initially appointed as Manager is SUSAN M. LADD.

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**ARTICLE V  
EFFECTIVE DATE**

The effective date of the company shall be October 26, 2022.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
SUSAN M. LADD, Authorized Representative

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.

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