Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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. **ELLAPART LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must and with the words Limited Liability Company,

Ellapart LLC

3052201440

ARTICLE II - Address:

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

9880SW 68 th st

Miami F1. 33 173

ARTICLE III - Registered Agent, Registered Öffice:

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

Maira Castellon 9880 SW 68th st Miami Fl. 33173

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

Maira Castellon

AMBR

Required Signatures:

Measuer

Signature of a member or an authorized representative of a member.

In accordance with section 505.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Maira Castellon

Typed or printed name of signee

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 606, F.S...

Registered Agent's Signature (REQUIRED)