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Division of Corporations



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FLORIDA LIMITED LIABILITY CO.

Elgat Family Investments, LLC

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COVER LETTER

TO:	New Filing S Division of C					
SUBJE	Elgat Far	nily Investments, L	LC			
	•	Nar	ne of Limited L	iability Company		
The en	closed Articles	of Organization and	fee(s) are subm	nitted for filing.		
Please	return all corres	pondence concernir	g this matter to	the following:		
	Andrew R.	Comiter, Esq.				
			Nan	ne of Person		
	Comiter, S	inger, Baseman & I	Braun, LLP			
			Firr	n/Company		
	3825 PGA	Blvd., Suite 701				
			,	Address		
	Palm Beach	Gardens, FL 3341	0			
	corporate@c	omitersinger.com	City/Stat	e and Zip Code		
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For furthe	er information co	oncerning this matte	r, please call:			
	Andrew R. (Comiter	561 ar (626-2101		
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Enclose	d is a check for t	he following amou	ıt;			
□\$125 .	00 Filing Fee	□\$130.00 Filing Certificate of St	etus Ce	\$155.00 Filing Fee & rtified Copy (ional copy is enclosed)	Certificat Certified (copy is enclosed
	New F Divisio P.O. B	is Address Gling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			DIAMESTI COMPAGNI		
ARTICLE I - Name: The name of the Limited Li	ability Company is:				
	y party to				
Elgat Family In					
(Must	contain the words "Limited Li	ability Company	/, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and stre	eet address of the principal off	ice of the Limite	d Liability Company is:		
<u>Pri</u>	ncipal Office Address:		<u>Mailing Addr</u>	<u>ess</u> :	
567 Rookery Pla			Rookery Place		
Jupiter, FL 3345	8	Jup	iter, FL 33458		<u>-</u>
another business entity with	Agent, Registered Office, & pany cannot serve as its own R an active Florida registration.	egistered Agent.)	nt's Signature: You must designate an ind	ividual or	
	Comiter, Singer, Basen	nan & Braun, LL Vame	<u>,p</u>		
	3825 PGA Blvd., Suite Florida street address (1		ccentable)		
	Palm Beach Gardens City	FL.	33410		
	City	State	Zip		
place designated in this certific further agree to comply with th	ed agent and to accept service ate. I hereby accept the appoin e provisions of all statutes relate obligations of my position as the acceptance of the accep	tment as register ting to the proper registered agent	ed agent and agree to act in and complete performance as provided for in Chapter (r this capacity of my duties	
	Registere	d Agent's Signat	ure (REQUIRED)	; •	23
	(6	CONTINUED)		<u>:</u> -	
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:	
"AMBR" = Auti			
"MGR" = Mana	ger		
MGR	<u>Juan T</u>	Tagle	
	<u>367 R</u>	ookery Place	
	Jupite	r. FL 33458	
	,		
			
		-	
an effective date is list	ate, if other than the date of filing: _	. (OP	PTIONAL) es prior to or 90 days aft
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