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COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	ELITE INNOVATION - CONSTRUCTS LLC
aunine	1:Name of Limited Liability Company
The encle	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	TONYA BOWLEG
	Name of Person
	XPEDITING BY TONYA CONSTRUCTION SERVICES LLC
	Firm/Company
	3005 OLD BAINBRIDGE ROAD
	Address
	TALLAHASSEE FL 32303
	City/State and Zip Code ELITEINNCONSTRUCTS@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	TONYA BOWLEG 786 9045256
	Name of Person Area Code Daytime Telephone Number

.

Enclosed is a check for the following amount:

□\$160.00 Filling Fee. □\$155.00 Filing Fee & ■\$130.00 Filing Fee & □\$125.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) 2023 CRETARY OF S ALLAHASSEE. 3 JUN 26 Street Address Mailing Address T New Filing Section Division New Filing Section The Centre of Tallahassee درين Division of Corporations 2415 N. Monroe Street, Suite 810 P.O. Box 6327 11 AM 2:43 Tallahassee, FL 32303 Tallahassee, FL 32314 FATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELITE INNOVATION CONTRUCTS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," of "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:
3005 OLD BAINBRIDGE RD	3005 OLD BAINBRIDGE RD
TALLAHASSEE FL 32303	TALLAHASSEE FL 32303

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:

XPEDITING BY TON	<u>YA CONSTRUC</u>	TION SERVICES LL
	Name	
3005 OLD BAINBRI	DGE RD	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
TALLAHASSEE	FL	32303
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 portion is verified agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

JUN 26 AM 2: 43

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

• • •

"MGR" = Manager AMBR TONY A BOWLEG 3005 OLD BANMERIDGE RD TALLAHASSEE FL 32303 Image: State of the state of filing: 06/26/2023 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06/26/2023 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06/26/2023 (OPTIONAL) (If an effective date, if other than the date of filing: 06/26/2023 Mate inference in this block does not meet the applicable statutory filing requirements, this date will not be listed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Signifure 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 fabe information submitted in a document to Department of State conductory as provided for in s.817.155, F.S. TONY A BOWLEG TAY BOWLEG S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S.00 Certificate of Status (Optional) S.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) If an effective date, if other than the date of filing: <u>06/26/2023</u> (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.) Nut: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. KEOUIRED SIGNATURE Signifure of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, Is an 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. TONYA BOWLEG S125.00 Filing Free for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certified to Status (Optional)	"MGR" = Manager	3005 OLD BAINBRIDGE RD		
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Typed or printed name of signed Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	This document is exe	cuted in accordance with section 605.0203 (1) (b), Flo use information submitted in a document to the Depart	rida Statutes.	
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	§ 30.00 Certified Copy (Optional	<u>Filing Fees:</u> Organization and Designation of Registered Agent)	023 JU ECRE TALL	