

7/19/23, 2:31 PM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : ELO ENTERPRISES, INC
 Account Number : I20150000109
 Phone : (561)544-8862
 Fax Number : (954)697-0130

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

Email Address: SALES@ELOENTERPRISES.US

RECEIVED
 2023 JUL 19 PM 3:56
 CORPORATIONS
 DIVISION OF
 STATE

**FLORIDA LIMITED LIABILITY CO.
 ZELA PROPERTIES ORLANDO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
 2023 JUL 19 PM 11:59
 STATE
 OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZELA PROPERTIES ORLANDO, 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:

4950 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771

4950 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771

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:

ELO ENTERPRISES, INC.

Name

4700 NW Boca Raton Blvd #202

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

33431

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)

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:

MGR

VAMIR DA COSTA ZELA

4950 HAYWOOD RUFFIN RD

ST CLOUD, FL 34771

MGR

ADRIANA MARTINS BATISTA ZELA

4950 HAYWOOD RUFFIN RD

ST CLOUD, FL 34771

MGR

FLAVIA M. ZELA ALMEIDA

4950 HAYWOOD RUFFIN RD

ST CLOUD, FL 34771

(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.

VAMIR DA COSTA ZELA - Manager

Typed or printed name of signee