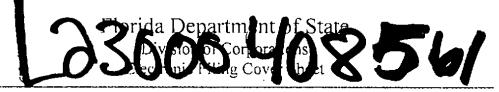
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Division of Corporations



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ĭo:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 : (954)697-0130 Fax Number

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

FLORIDA LIMITED LIABILITY CO. **ENCHANTED HIDEAWAYS INVESTMENTS LLC**

Certificate of Status	0
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Page Count	01
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Help

ARTICLESOFORGANIZATIO	ALOKE	LUKIDALIA	THE DETABLE THE COMMENT				
ARTICLE I - Name: The name of the Limited Liability Company is:							
ENCHANTED HIDEAWAYS INV			pany, "L.L.C.," or "LLC.")				
(.vidst contain the words	1,11111100 1.	aomiy Comp	any, b.b.c., or page, y				
ARTICLE II - Address:							
he mailing address and street address of the pri	incipal off	ice of the Lin	iited Liability Company is:				
Principal Office Address:			Mailing Address:				
4700 NW BOCA RATON BLVD #202	4700 NW BOCA RATON BLVD #202			4700 NW BOCA RATON BLVD #202			
BOCA RATON, FL 33431			BOCA RATON, FL 33431				
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve at nother business entity with an active Florida r	s its own F egistration	Registered Ag 1.)		dual or			
he name and the Florida street address of the r	egistered a	agent are:					
ELO	ENTERPR	ISES, INC.					
		Name					
4700 :	√W BOCA E	RATON BLVD#	202				
Florida stre	et address	(P.O. Box <u>V</u>	OT acceptable)				
BOCA	RATON	FL _	33431	<i>;</i> •			
Ci	itu	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)

4 13		2		r	Τ.	1	١.
AR	L	,,	اب	Ļ	r,	ı	٠,

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

<u>Title:</u>	Name and Address:
$"AMBR" \cong Authors$	
"MGR" = Manager	
MGR	DANIEL SUTER
	ERNST-JUNG-GASSE 16A
	CH-8400 WINTERTHUR - SWITZERLAND
MGR	MONIKE RANGEL CIDADE
	ERNST-JUNG-GASSE 16A
	CH-8400 WINTERTHUR - SWITZERLAND
	•
(Use attachment if r	necessary)
(220 ===================================	······································
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.)	
	this block does not meet the applicable statutory filing requirements, this date will not be listed as
	e on the Department of State's records.
	,
ARTICLE VI: Other provision	ons, if any.
REQUIRED SIGN	LATHIDE
REGISTRED STOP	WIOKE.
	Signature of a member or an authorized representative of a member.
Thi	s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I an	n aware that any talse information submitted in a document to the Department of State
con	stitutes a third degree felony as provided for in s.817.155, F.S.
	DANIEL CUTED Manager
	DANIEL SUTER - Manager Typed or printed name of signee
	Types of printed haine of signee