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Special Instructions to Filing Officer.





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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	ELO Estimates LLC		
30031.0		ited Liability Company	
The enclo	osed Articles of Organization and fee(s) are	submitted for filing.	
Please re	urn all correspondence concerning this mat	ter to the following:	
	Ryan Cowette		
		Name of Person	
	ELO Estimates		
		Firm/Company	
	2939 Backwoods Drive		
		Address	
	Middleburg, FL, 32068		
	Cit dvae@kokllc.net	y/State and Zip Code	
	E-mail address: (to be used for	or future annual report notification)	
For further	information concerning this matter, please of	call:	
	Ryan Cowette 207	403.0866	
		ra Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
□\$125. €	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed) Street Address □\$160.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	T.
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Section Division	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ELO Estimates LLC.	
(Must contain the words "Limited Lic	ability Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
2939 Backwoods Drive	2939 Backwoods Drive
Middleburg FL.	Middleburg FL.
32068	32068
Middleburg FL.	Middleburg FL. 32068

Name

2939 BACKWOODS DRIVE

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

MIDDLEBURG FL 32068
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:

"AMBR" $=$ At						
"MGR" = Mar	nager					
MGR		Nicote Springer				
-		24 Union St			•	
		Passadumkeag ME, 04475			-	
AMBR		David Cohen				
		8 Gray Road			_	
		1959Palmyra ME, 04965				
					- -	
		·			•	
					- -	
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Hea attachma	nt if necessary)					
(Ose attachine	nen necessary)					
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COVER LETTER

	New Filing Sec Division of Cor						
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SUBJEC			imited Liab	oility Company			
The enclo	sed Articles of	Organization and fee(s)	are submitte	ed for filing.			
		ondence concerning this i		_			
	Ryan Cowett	c		-			
			Name	of Person			
	ELO Estima	res					
			Firm/C	Company		_	
	2939 Backwo	oods Drive					
		9/	Ado	dress		_	
	Middleburg,	FL. 32068					
	dvae@koklle.:	net	City/State a	and Zip Code		_	
		E-mail address: (to be use	ed for future	annual report notification	on)	_	
For further	information co	ncerning this matter, plea	ase call:				
	Ryan Cowette		207	403.0866			
	Nam			Daytime Telephone	2 Number		
Enclosed	is a check for th	ne following amount:					
□\$125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing For Certificate of Status Certified Copy (additional copy is encoded)	&	
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee et. Suite 810	2023 AUS 21 AU 9: 03	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ELO Estimates LLC.	
(Must contain the words "Limited Liabi	ility Company, "L.L.C" or "L.LC.")
ILE II - Address:	
illing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address:
illing address and street address of the principal office	, , ,
Principal Office Address:	Mailing Address

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:

RYAN COWETTE		
	Name	-
2939 BACKWOODS	DRIVE	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
MIDDLEBURG	FL	32068
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:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Nicole Springer		
	24 Union St		
	Passadumkeag ME. 04475		
AMBR	David Cohen		
	8 Grav Road 1959Palmyra ME: 04965		
	19391 anny ta (ME), 04903		
			
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(Use attachment if necessary)			
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