

****PLEASE HONOR
ORIGINAL SUBMISSION
DATE OF 11/14/23**

L23000514201

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DATE OF 11/14/23**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

SECRET
TALLAHASSEE, FL 32301

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FILED

**FLORIDA LIMITED LIABILITY CO.
ELISTA LABORATORIES, LLC**

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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T.S.H.

11/16/23

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850-817-8381

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November 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: ELISTA LABORATORIES LLC
REF: W23000155108

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU FAILED TO COMPLETE ARTICLE IV CORRECTLY. PLEASE LIST THE NAME OF THE PERSON AND/OR BUSINESS ENTITY AUTHORIZED TO MANAGE THIS LIMITED LIABILITY COMPANY.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H23000394391
Letter Number: 723A00026474

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TALLAHASSEE, FLORIDA

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Tuesday, November 14, 2023 3:44 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20231114_144356_000073CE-0000.pdf

Create Time: 11/14/2023 02:41:58 PM
 Schedule Time: 11/14/2023 02:43:56 PM
 State: sent
 Schedule Message: Successfully sent fax
 Hangup code: 0
 Try #: 1
 Username: admin
 Sender name: Leslie Sellers
 Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
 Subject: H23000394391
 Max tries: 5
 Try Interval: 600
 Priority: 3
 Pages: 5
 Recipient fax: 850-617-6381
 Recipient phone:
 Recipient name:
 Recipient org: FL SOS
 Use cover page: true
 Receipt: always
 Print receipt: never
 Print receipt printer:
 Print receipt first page: false
 Fax Page Size: auto

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Elista Laboratories, 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:

7491 N. Federal Highway

7491 N. Federal Highway

Suite C-228

Suite C-228

Boca Raton, FL 33487

Boca Raton, FL 33487

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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

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

Tallahassee FL 32301

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.

Sadi Boyette

Sadi Boyette, Asst. Sec. on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

John Stanisa
7401 N. Federal Highway, Suite C-228
Boca Raton, FL 33487

(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:**

/s/ Colleen Monaghan

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.

Colleen Monaghan

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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