Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. **ELITE PRIME LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EIN: 99-155 3298

ARTICLE I - Name: The name of the Limited Liability Company is:
_ Elite Prime LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
418 Valencia Ave AP+4 CoralGables
FLORIda 33134
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
SAID ONAILMIXAM
418 Valencia Ave AP+ 4 Coral Gables
FLOR(da 33/34
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) MAXIMILANO DIAZ
AMIBR STATE
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ψ Co

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.B.

AX: M:\: ANO D'AZ

Typed or printed name of signee

Having been named as registered agent and to accept service of process for title above stated limited liability company at the place designated in this certificate, I herel y 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)