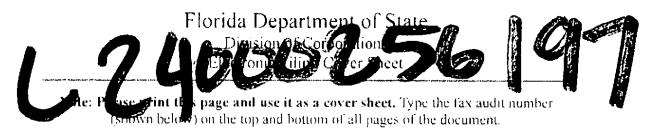
6/6/24, 4:58 PM

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.

sales@eloenterprises.us Email Address:

> FLORIDA LIMITED LIABILITY CO. L2M COMPANY USA LLC

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Help

From: Lyslei Chirico

ARTICLESOFORGANIZATIONFORFLOF	RIDALIMITEDLIABILITYCOMPANY
CTICLE I - Name:	
e name of the Limited Liability Company is	
L2M COMPANY USA LLC	
(Must contain the words "Limited Liabil	hty Company, "L4C.," or "L1.C.,")
RTICLE II - Address;	
e mailing address and street address of the principal office of	of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4700 NW BOCA RATON BLVD #202	4700 NW BOCA RATON BLVD #202
BOCA RATON, FL 33431	BOCA RATON FL 33431

midinii bir ir bir in	spixtered Agent's Signature:
RTICLE III - Registered Agent, Registered Office. & Re	Chiefer en trigent o brighter tr
CHCLE III - Registered Agent, Registered Office, & Re to Limited Liability Company cannot serve as its own Regis	
ne Limited Liability Company cannot serve as its own Regis	
ne Limited Liability Company cannot serve as its own Regis	stered Agent. You must designate an individual or
ne Limited Liability Company cannot serve as its own Regis other business entity with an active Florida registration.)	stered Agent. You must designate an individual or

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 hability 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)

2024 JUN -7 PM 3: 37

SECRETARY OF STATE

To: Florida Debt of State Page: 3 of 3 2024-06-06 21.01.03 GMT From: Lyslei Chirica

"AMBR" = Authorized Member "MGR" = Manager MGR	111 (AND NO A 40D A 1 TO 1 D 44
S	111 (110) 100 1100 1100 11111
***************************************	LEANDRO MORALES LIMA
	1706 HW BOOLA RATON BUVD /202
	BOCA RATON, PL 33431
	, <u>, , , , , , , , , , , , , , , , , , </u>
ffective date is listed, the date must be spo e of filing.) If the date inserted in this block does not m	of filing. (OPTIONAL) ecitic and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be liste of State's records.
TLE VI: Other provisions, if any.	
REOURED SIGNATURE:	1/L/L
	NORO MORALES (Jun 6, 2024 17:46 ABT)
	NORC INGRALLS (1-0) 6. 2073 1 CSU-0011
Signature of a me	ember or an authorized representative of a member.
Signature of a me This document is execut	
ffective date is listed, the date must be speed filling.) If the date inserted in this block does not mountent's effective date on the Department CLEVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not