

24000326592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

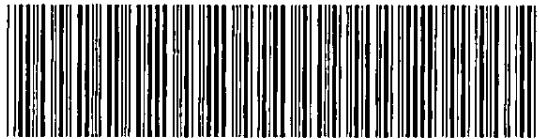
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200431383512

2024 JUL 26 PM 9:47

FILED
RECEIVED
SHERIFF'S OFFICE
FBI - MEMPHIS

RECEIVED

2024 JUL 26 PM 2:21
SHERIFF'S OFFICE
FBI - MEMPHIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FLGA YELLOWSTONE RANCH LLC

Please Debit FCA00000003 For: 125

Thank you Seth Neely



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

Art of Inc. File _____	10/24	Art File _____	10/24
LTD Partnership File _____	25	25	25
Foreign Corp. File _____	25	25	25
L.C. File _____	25	25	25
Fictitious Name File _____	25	25	25
Trade/Service Mark _____	25	25	25
Merger File _____	25	25	25
Art. of Amend. File _____	25	25	25
RA Resignation _____	25	25	25
Dissolution / Withdrawal _____	25	25	25
Annual Report / Reinstatement _____	25	25	25
Cert. Copy _____	25	25	25
Photo Copy _____	25	25	25
Certificate of Good Standing _____	25	25	25
Certificate of Status _____	25	25	25
Certificate of Fictitious Name _____	25	25	25
Corp Record Search _____	25	25	25
Officer Search _____	25	25	25
Fictitious Search _____	25	25	25
Fictitious Owner Search _____	25	25	25
Vehicle Search _____	25	25	25
Driving Record _____	25	25	25
UCC 1 or 3 File _____	25	25	25
UCC 11 Search _____	25	25	25
UCC 11 Retrieval _____	25	25	25
Courier _____	25	25	25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELGA YELLOWSTONE RANCH 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:

313 Norton Drive, Suite 200
Tallahassee, FL 32308

Mailing Address:

313 Norton Drive, Suite 200
Tallahassee, FL 32308

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:

ABITOS ADVISORS LLC

Name

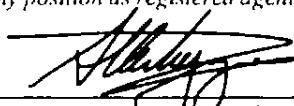
255 ARAGON AVENUE, 2ND FLOOR

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

CORAL GABLES FLORIDA 33134

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:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

CARLOS A DUART

313 Norton Drive, Suite 200
Tallahassee, FL 32308

MGR

TINA VIDAL-DUART

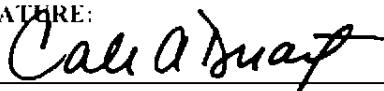
313 Norton Drive, Suite 200
Tallahassee, FL 32308

(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:

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.

CARLOS A DUART

Typed or printed name of signee