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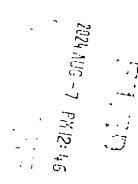
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing S Division of C	ection orporations		
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SUBJECT:	El Priest	ess llc	
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and for(a)	1 % 15 60	
	of Organization and fee(s) are		
Please return all corres	pondence concerning this ma	atter to the following:	
	و انطور ک		
-	Suehila		
		Name of Person	
	El Pries	oteos LLC	
		Firm/Company	
7500) w commer	cial Blvd #	1022
		Address	
	Lauderhill F	L 33319-213 ity/State and Zip Code	2
	Ci	ity/State and Zip Code	
	info@elprie	, stess. com	
	12-mail address: (to be used)	for future annual report notifical	tion)
For further information co	oncerning this matter, please	call:	
Suehila	a Hodge al (2	240) 766-9:	281
Nan	A -	ca Code Daytime Telephor	ne Number
Enclosed is a check for t	he following amount:		
CJ\$125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	l X S160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
<u>M</u> aili <u>i</u>	ng Address	Street Address	^

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
EI Pries	HESS LLC
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
Lauderdale Lakes, FL 33319	1500 W Commercial Blue 102- Lauderhill, FL 33319-2132
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: I Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Suchila Name	Hodbe
3990 NW 42rd Av	PO8 # 3
Florida street address (P.O. Box	(NOT acceptable)
Lauderdale Lakee City State	FL 33319
City State	Zip
laving been named as registered agent and to accept service of procestace designated in this certificate. I hereby accept the appointment as wither agree to comply with the provisions of all statutes relating to the meanitiar with and accept the obligations of my position as registered.	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I d agent as provided for in Chapter 605, F.S
Registered Agent'	Signature (REQUIRED)
(CONTI:	NUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Nove	No. and a second
"MGP" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Sphila und
	2990 NIN 40 M
	Lauderdale Laure 51 3337
	Lauderdale Laves, FL 33319
	
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(Use attachment if necessary)	
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