L24000382215

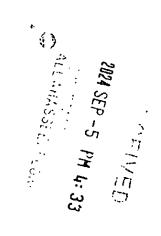
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



8004354756 AN 9: 47

09/08/24--01002--007 **125.00



COVER LETTER

	w Filing Sec					
SUBJECT:	EL		ITAL PROP	ERTI	ES	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.			
Please retur	n all correspo	ondence concerning this ma	tter to the following:			
	ZU	GUI WE	ING			
			Name of Person			•
						2024 S
			Firm/Company		<u> </u>	
	340	2 APALACH	IEE PKWY	井E	SSVII 7.1.7	-5 AM
			Address		m _{C1}	- 그:
	TAL	LAHASSEE	FL 32311		FL	9: 47
_	MK	Ci <u>INSINUEST</u> E-mail address: (to be used	FL 32311 ty/State and Zip Code Uent (D) Gmai for future annual report notificati	i(_(0M)		-
For further in	formation co	ncerning this matter, please	call:			
-		U.Z. WANG at () ne of Person Ar	250 LLS9 8 ea Code Daytime Telephon	e Number		
Enclosed is	a check for t	he following amount:				
53 125.00	Filing F ee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 I Certificate of Certified Co (additional co	of Status & opy	Ż.
Mailing Address New Filing Section		Street Address New Filing Section Di	ivision			

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:

ELITE CAPITAL PROPERTIES LLC

(Must contain the words "Limited Liability Company "L.L.C." or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3402 APALACHEE PKWY #E	
TALLAHASSEB, FL 32311	- Inme
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	's Signature: ou must designate an individual or
The name and the Florida street address of the registered agent are:	SE TO
ZHGNI WANG	5 T
Name	
	SE PKWY # GARS & C
Florida street address (P.O. Box NOT acc	eptable)
TALLAHASSEE F	L 332311 TA
City State	7in

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 IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: Name a

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.

Typed or printed name of signed

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)