# 1250000213

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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	to Filing Officer:
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	INC. P.O. Box 37		East 6th Avenue. Tallahassee, Florida 32303 5-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666			
		WAL	K IN			
	PI	CK UP: JEN	A 12/18			
	CERTIFIED COPY			·····		
XX	PHOTOCOPY					
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	GALE PROPERTIES					
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COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	ELF PROPERTIES, LLC		
300360	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are submitted for filing.		
Please retu	im all correspondence concerning this matter to the following:		2025
	CHRISTOPHER GERO PRADO		
	Name of Person		1
	GALBRAITH WEATHERBIE LAW, PLLC		`•
	Firm/Company		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	999 VANDERBILT BEACH RD., STE. 509	· ,	-
	Address		
	NAPLES, FL 34108		
	City/State and Zip Code CGL32@AOL.COM		
	E-mail address: (to be used for future annual report notification)		
For further i	nformation concerning this matter, please call:		
	CHRISTOPHER GERO PRADO 239 3252298		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is	s a check for the following amount:		
<b>S</b> 125.00	<ul> <li>Filing Fee □\$130.00 Filing Fee &amp; □\$155.00 Filing Fee &amp; □\$160.00 F</li> <li>Certificate of Status Certified Copy Certificate of (additional copy is enclosed)</li> <li>Certified Co (additional copy is enclosed)</li> </ul>	f Status & py	
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

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The name of the Limited Liability Company is:

. ELF PROPERTIES, 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:

<u>Princíp</u>	al Office Address:		Mailing Addres	<u>s</u> :	
3135 FORT CHARL NAPLES, FL 34102			35 FORT CHARLES DRIVE APLES, FL 34102		2025
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	v cannot serve as its ow active Florida registrati address of the registere	n Registered Ager on.) d agent are:		idual or	1 : J :
	CYNTHIA G. MCLAUGHLIN Name			÷ .	7
	3135 FORT CHAR		· nacestable)		
	Florida street addre	SS(P.O. BOX <u>HO</u>	acceptable)		
	NAPLES	FL	34102		
	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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, FS

Cyuthia G. McLaughlin Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV+

• •

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

"MGR" = Manager		
MGR/MBR	CYNTHIA G. MCLAUGHLIN 3135 FORT CHARLES DRIVE	_
	NAPLES. FL 34102	
		_
		- 202
		· ' '
Use attachment if necessary)		:
EV: Effective date, if other than the da	te of filing: 1/1/2025 (OPTIONAL)	'; <b>;</b> ;

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

# **REQUIRED SIGNATURE:**

# Cyuthia G. McLaughlin

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. 1 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.

CYNTHIA G. MCLAUGHLIN Typed or printed name of signee

# **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)