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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H25000170906 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

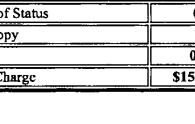
Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)472-0533

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. AS ELITE INVESTMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



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Corporate Filing Menu

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Docusign Envelope ID: 9A28D3F2-608E-44A4-BEC7-1840AC0CC801

		CO	VER LETTER	H25000170906
	w Filing Sec vision of Cor			
SUBJECT:		vestment, LLC		
Schaect		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retur	n all correspo	endence concerning this ma	atter to the following:	
	Adam Schwa	ab		
			Name of Person	
	•		Firm/Company	
	6361 Lansdo	wne Circle		
		-	Address	
	Boynton Bea	ich, FL 33472		
		C	ity/State and Zip Code	
<u>a</u>	idamschwab@			
	E	-mail address: (to be used	for future annual report notificati	on)
For further in	formation co	ncerning this matter, please	call:	
		nt (
-	Nam		rea Code Daytime Telephone	
Enclosed is	a check for th	ne following amount:		
□\$125.00		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	<u>e Address</u> iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

Docusign Envelope ID: 9A2BD3F2-808E-44A4-BEC7-1840AC0CC801

ARTICLE I - Name: The name of the Limited Liability Company is: AS Elite Investment, 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: Malling Address: 6361 Lansdowne Circle Boynton Beach, FL 33472 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Capitol Corpora	ate Services,	Inc.
	Name	
515 E. Park Av	enue, 2nd FL	
Florida street address (P.O. Box NOT ac	eceptable)
Tallahassee	FL	32301
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..

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Docusign Envelope ID: 9A2BD3F2-808E-44A4-BEC7-1840AC0CC801

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<u>Title:</u> "AMBR" = Au "MGR" = Man	
AMBR	Adam Schwab 6361 Lansdowne Circle Boynton Beach, FL 33472
(Use attachmen	
RTICLE V: Effective of an effective date is list e date of filing.) ote: If the date inserte	c, if other than the date of filing: (OPTIONAL) I, the date must be specific and cannot be more than five business days prior to or 90 days after this block does not meet the applicable statutory filing requirements, this date will not be listed ate on the Department of State's records.
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RTICLE V: Effective of an effective date is list edate of filing.) ote: If the date inserte e document's effective RTICLE VI: Other pro	c, if other than the date of filing: