DOCU 1. Entity Name		# L9900	0000	8953							
ELLIN, LLC								FILE	E D		
Principal Place of Business Mailing Address							—p1 0	CT - I	PM 12: 17		
NW 39TH STREET SUITE 3 MIAMI FL 33127			17	% ZUCKER & SHERNIKOFF 1700 BROADWAY NEW YORK NY 10019				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
)
2. Principal P	lace of Busin	ness	3. N	Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE			
City & State		c	4. FEI1				4. FEI Number 65-0989088 Applied For				
Zip		Country	Z	Zip		try	5. Certi	ficate of S	tatus Desired	\$5.00 Ac	
	6. Name	and Address of Curi	rent Registe	ered Agent	<u>. </u>		7. Nam	e and Add	fress of New Registe	Fee Requirered Agent	ea
						Name					· ·
GOTTLIEB, STUART M 222 LAKEVIEW AVENUE, SUITE 260 WEST PALM BEACH FL 33401						Street Addre	ess (P.O. Box f	(P.O. Box Number is Not Acceptable)			
VVE	SIPALM D	SEAUTI FL 33401				City			· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	 ie
D. The electric		y submits this stateme								FL	
SIGNATURE _	Signature, typed	or printed name of registered a	agent and title if	applicable, (NOT	E: Registered	1 Agent signature req				DATE	
SIGNATURE _	Signature, typed	or printed name of registered a	agent and title if	FILE No	OW!!! F	EE IS \$50.0 Departmen	00 nt of State		00462 -10/03/01-	1701-	08
:	Signature, typed		,	FILE No Make Check Pa Due By	OW!!! F yable to Septen	EE IS \$50.0	00 nt of State		100452 -10/03/01- *****50.0	1 701- -010520)0 *****	08
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; 9. TITLE	MGRM ELLIN S	MANAGING MEI	MBERS/MA	FILE No Make Check Pa Due By	OW!!! Frayable to Septen 10. TITLE NAME	Department of 26, 200	00 nt of State		100452 -10/03/01- *****50.0	1 701- -010520)0 *****	08 50.00
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REALESTIFE DUCKER, CAR ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: