M15000008378

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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2015 OCT 20 PH 3: 51

OCT 20 2015 J. HARRIS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Elite Management,	LLC				
_		Name of	Limited Liability	Company		
		reign Limited Liability Comp ed to register the above refer				
Please return a	all correspondence	concerning this matter to the	following:			
	Anthony Mora	les				
		N	ame of Person			
	InCorp Service	s, Inc.				
		F	irm/Company			
	1788 67th Cou	rt N.				
			Address			
	Loxahatchee, F	lorida 33470				
		City/S	tate and Zip Code	:		
	anthony@myusa	•				
		E-mail address: (to be used	d for future annua	l report not	ification)	
For further info	ormation concernin	g this matter, please call:				
Antho	ony Morales		877 at (330-26	77	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations stration Section Box 6327 massee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ceutive Center Circle ee, FL 32301	
	theck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		■ \$160.00 Filing Fee, Ce of Status & Certified Cop	



RECEIVED 15 00T 20 PH 2: 17

FLORIDA DEPARTMENT OF STATE OF

September 16,:2015

ANTHONY MORALES INCORP SERVICES, INC 1788 67TH COURT N LOXAHATCHEE, FL 33470

* Corrected *

SUBJECT: ELITE MANAGEMENT, LLC

Ref. Number: W15000056083

We have received your document for ELITE MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable?

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00019581







FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2015

ANTHONY MORALES INCORP SERVICES, INC 1788 67TH COURT N LOXAHATCHEE, FL 33470

SUBJECT: ELITE MANAGEMENT, LLC

Ref. Number: W15000056083

2015 OCT 20 PH 3: 51

We have received your document for ELITE MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P12000076195.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00017772

2015 OCT 20 PH 3: 51 SECREPART OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Elite Munuge	Ment Services LLC eign Limited Liability Company; must inc	clude "Limited Liability Company," "L L C.," or	("I.J.C.")	-
Elite Managa	ement Group of Soil Iternate name adopted for the purpose of the p	(th Florida, LLC transacting business in Florida. The alternate nai		 miled
2. Wyoming		3. 32-046991 <i>5</i>		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:)	·
4 Upon registi	ration			
J	(Date first transacted business in	Florida, if prior to registration) 5, F.S. to determine penalty liability)	-	
5. 2101 Vista Parkway, S	·	, , , , , , , , , , , , , , , , , , , ,	2015 [ALI	
	-ido 27411	•		
West Palm Beach, Flor	(Street Address of Princ	inal Office)		श्रीविक्दा सन्दर्भातः
6 2101 Vista Parkway, S	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20 ABS	ii Cresson.
Wast Dales Devok Clar	-ido 27411			remaind.
West Palm Beach, Flor	riga 33411 (Mailing Addr	ress)		γ1, ⁸ 0 ····································
7 Name and street address	ss of Florida registered agent (P.O. E		- 5 51	•
7. Name and succe addica			, care	
Name	Incorp Services,	4/10,		
Office Address:	17888 67th Court N.			
	Loxahatchee	, Florida 33470		
.	(City)	(Zip code)		
Registered agent's acception and as referenced as referenc		of process for the above stated corporation	n at the place desi:	enated in
this application, I hereby	accept the appointment as registered	d agent and agree to act in this capacity. I	further agree to c	omply
the obligations of my pos		mplete performance of my duties, and I a	n familiar with an	id accept
H		ieDefilipas on bohalf of Irrogo	SPILLER T	inc.
7	(Registered	agent's signature)	Da via g-	, , -
8. The name title or can	acity and address of the person(s) who	has/have authority to manage is/are:		
	karian. Managei			
2101 Vista Parkway, Sunt	J			
West Palm Beach, Florida	1 3341 1			
	of which it is organized (If the certifi	ld, duly authenticated by the official having icate is in a foreign language, a translation of authorized person		
This document is executed submitted in a document to	the Department of State constitutes a	· · · · · · · · · · · · · · · · · · ·	y false information U155, F.S.	
	Typed or printe	d name of signee		

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

ELITE MANAGEMENT SERVICES LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 9, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000690496**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of October, 2015 at 10:37 AM. This certificate is assigned 018686125.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.