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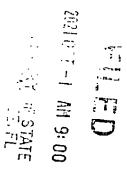
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COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJE	ELITE FIBER LLC	
	Name of Limited Liability Company	
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e. and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida.
Please	eturn all correspondence concerning this matter to the following:	
	MICHAEL OTERO	
	Name of Person	
	ELITE FIBER LLC	
	Firm/Company	
	1007 N FEDERAL HWY #139	
	Address	
	FORT LAUDERDALE, FL 33304	
	City/State and Zip Code	
	MOTERO86@GMAIL.COM /	
	E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	MICHAEL OTERO 954 8222507	
	Name of Contact Person Area Code Daytime Telephone Number	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\subseteq} \text{S125.00 Filing Fee} \text{\subseteq} \text{S130.00 Filing Fee & } \Boxed{\subseteq} \text{S155.00 Filing Fee & } \Boxed{\subseteq} \text{S160.00 Filing Fee, Certificate } \text{Certificate of Status} \text{Certified Copy}	

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:

L. ELITE FIBER LLC	Limited Liability Company, must include "Limite	4 * '-1 '1'				
(Name of Potergn	Thinned Liability Company; must include Thinne	a Liabin	ty Company. T.T.C., or "LLC. }			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. Th	e alternate name must include "Limited Liab	ulity Company,	" "L.L.C,	" or "LLC.
DELAWARE 2.		3	872106989			
(Jurisdiction under the law of which foreign limited liability company is organized)		ر	3. (FEI number, if applicable)			
N/A 4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration	on) 			
1007 N FEDERAL HWY 5.		6.	1007 N FEDERAL HWY			
(Street Address of Principal Office)			(Mailing Address)		·	
#139			#139			
FORT LAUDERDALI	E, FL 33304		FORT LAUDERDALE, FL 3	3304 ,,	203	
7. Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)		1001-1	
Name:	MICHAEL OTERO	<u> </u>		7		1 4 1
Office Address:	1007 N FEDERAL HWY #139			THE TENT	AH 9: 00	~1+ ₈ ,5 ³
	FORT LAUDERDALE		33304 , Florida			
	(City)		(Zip code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Hickel A. Co
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		ame and Address:
Manager	Name: MICHAEL OTERO	□Manager	Name:	
□Member	Address: 1007 N FEDERAL HWY	□Member	Address:	
□Authorized	#139	□Authorized		
Person	FORT LAUDERDALE, FL 33304	Person		
□Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	,
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	.
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other	0	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Michael F. Can

Signature of an authorized person

MICHAEL OTERO

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELITE FIBER LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELITE FIBER LLC"

WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204256740

Date: 09-27-21