

M2000000/451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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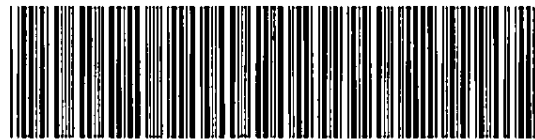
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Processing Team LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Deepa Patel

Name of Person

Elite Processing Team LLC

Firm/Company

44268 Ivory Way

Address

Sterling Heights, MI 48313

City/State and Zip Code

dpatel@eliteprocessingteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deepa Patel

586

663-2159

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & 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:

1. Elite Processing Team LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan 87-1456535
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2148 Steeplechase Rd 2148 Steeplechase Rd
(Street Address of Principal Office) (Mailing Address)
Canton, MI 48188 Canton, MI 48188

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dhara Patel
Office Address: 12311 NW 78th Manor
Parkland, Florida 33076
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

DocuSigned by:
Dhara Patel 1/10/2022
23BB933BE87D41B (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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Deepa Patel</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Amul Patel</u>
<input type="checkbox"/> Member	Address: <u>44268 Ivory Way</u>	<input type="checkbox"/> Member	Address: <u>2148 Steeplechase</u>
<input type="checkbox"/> Authorized	<u>Sterling Heights, MI 48188</u>	<input type="checkbox"/> Authorized	<u>Canton, MI 48188</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

DocuSigned by:

Deepa Sanjaykumar Patel

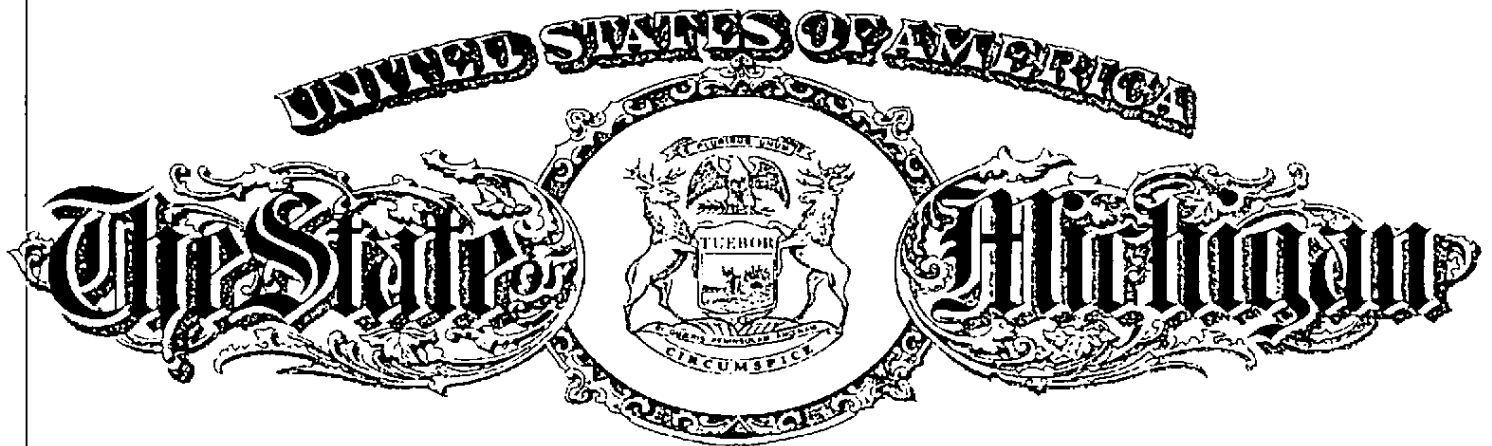
1/10/2022

FS16CF75A32B4D8

Signature of an authorized person

Deepa Patel

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ELITE PROCESSING TEAM LLC

was validly authorized on June 29, 2021, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of December, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21120280808

Certificate Of Completion

Envelope Id: 6A376CFB627448BAAF966C5F794ED3D1

Subject: Please DocuSign: FL Certificate of Status.pdf

Source Envelope:

Document Pages: 4

Signatures: 2

Certificate Pages: 5

Initials: 0

AutoNav: Enabled

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Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:

Deepa Patel

2148 Steeplechase Rd

nil

Canton, MI 48188

dpatel@eliteprocessingteam.com

IP Address: 69.14.157.235

Record Tracking

Status: Original

1/10/2022 8:20:16 AM

Holder: Deepa Patel

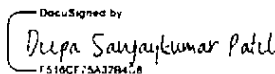
dpatel@eliteprocessingteam.com

Location: DocuSign

Signer Events

Deepa Sanjaykumar Patel

dpatel1129@gmail.com

Security Level: Email, Account Authentication
(None)**Signature**
DocuSigned by:
Deepa Sanjaykumar Patel
r516CF75A32B47E

Signature Adoption: Pre-selected Style

Using IP Address: 69.14.157.235

Timestamp

Sent: 1/10/2022 8:22:50 AM

Viewed: 1/10/2022 8:23:18 AM

Signed: 1/10/2022 8:23:26 AM

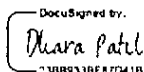
Electronic Record and Signature Disclosure:

Accepted: 1/10/2022 8:23:18 AM

ID: 6cbcf5b7-2b19-4520-acac-e9855042cb46

Dhara Patel

dhara8907@gmail.com

Security Level: Email, Account Authentication
(None)
DocuSigned by:
Dhara Patel
73B8933BE87D41B

Signature Adoption: Pre-selected Style

Using IP Address: 73.138.157.48

Signed using mobile

Sent: 1/10/2022 8:22:50 AM

Viewed: 1/10/2022 8:23:13 AM

Signed: 1/10/2022 8:23:53 AM

Electronic Record and Signature Disclosure:

Accepted: 1/10/2022 8:23:13 AM

ID: 41de73ae-d86c-4605-9485-0e38a6c9522c

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

1/10/2022 8:22:50 AM

Envelope Summary Events**Status****Timestamps**

Certified Delivered

Security Checked

1/10/2022 8:23:13 AM

Signing Complete

Security Checked

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1/10/2022 8:23:53 AM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**