# P080000/7382

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE



# **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Elite Financial, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: _	Katielyn Sosa	(Printed or typed)	
	2450 SW 153rd Passa	•• •	
	Miami, Florida 33185	State & Zip	
	305-223-9689	elephone number	

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

1

The name of the corporation shall be:

Elite Financial, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2450 SW 153rd Passage Miami, Florida 33185

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
All lawful business allow in the State of Florida

#### ARTICLE IV SHARES

The number of shares of stock is: 10,000.00

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Katielyn Sosa 2450 SW 153rd Passage Miami, Florida 33185 Director 08 FEB 15 PM 3: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Katielyn Sosa 2450 SW 153rd Passage Miami, Florida 33185

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Katielyn Sosa 2450 SW 153rd Passage Miami, Florida 33185

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

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KATIELYN SOSA

Date

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SECRETARY OF STATE
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