

P08000020896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

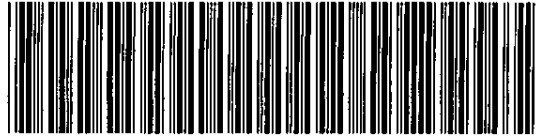
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400116222934

01/28/08--01053--006 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 4:56

W08000005031

EP 2/27/08



RECEIVED

08 FEB 27 AM 8:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DIVISION OF CORPORATIONS

January 30, 2008

CARLA LOLLES  
257 W 43RD ST  
JACKSONVILLE, FL 32208

SUBJECT: ELITE MANAGEMENT SVCS, INC  
Ref. Number: W08000005031

We have received your document for ELITE MANAGEMENT SVCS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 108A00006303

COVER LETTER

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

Elite DB Management, INC

SUBJECT: ~~Elite Management Svcs, INC~~  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Carla Lelkes

Name (Printed or typed)

257 W 43<sup>rd</sup> St

Address

Jacksonville FL 32208

City, State & Zip

904-207-8688

Daytime Telephone 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**

The name of the corporation shall be:

~~Elite Management Sres, Inc~~  
Elite DB Management, INC

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3117 Spring Glen Rd Ste 406  
Jacksonville, FL 32207

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Property & Financial management

### **ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

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

Carla R. Lallies President  
Christal Minus V.P. President  
Jimmy Willis Treasurer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 4:58

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: *Carla R Lelles*  
*257 W 43<sup>rd</sup> St, Jacksonville, FL 32208*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: *Carla R Lelles*  
*257 W 43<sup>rd</sup> St, Jax, FL 32208*

\*\*\*\*\*

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

*Carla R Lelles*

Signature/Registered Agent

*Carla R Lelles*

Signature/Incorporator

*01/24/08*

Date

*01/24/08*

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 PM 4:58