

P1900078651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

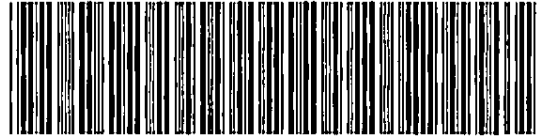
(Document Number)

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Certificates of Status ☒

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OCT 21 2019

FILED  
2019 OCT -7 PM 4:24  
CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

## COVER LETTER

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

SUBJECT: ELOM CORP.  
(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: LUIS G BRITO  
Name (Printed or typed)  
407 LINCOLN ROAD, SUITE 9A  
Address  
MIAMI BEACH, FLORIDA 33139  
City, State & Zip  
305-534-9292  
Daytime Telephone number  
BRITOANDBRITO@AOL.COM  
E-mail address: (to be used for future annual report notification)

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

I **ALBERT ELIAS** AM THE OWNER OF ELOM CORP, WITH THE DOCUMENT NUMBER OF **P04000077687**. I  
HAVE NO INTENTIONS ON REINSTATING THE ENTITY AS A CORPORATION. PLEASE PUSH THROUGH WITH  
THE NEW FILING AS **ELOM CORP**, WITH THE TRACKING NUMBER OF \_\_\_\_\_

**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: ELOM CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

33 SW 20TH AVENUE

815 ORTEGA AVENUE

MIAMI FLORIDA 33135

CORAL GABLES, FLORIDA 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE HOLDINGS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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CLERK OF DISTRICT COURT  
DADE COUNTY, FL

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

Name and Title: ALBERTO ELIAS PRESIDENT

Name and Title: \_\_\_\_\_

Address: 815 ORTEGA AVENUE  
CORAL GABLES, FLORIDA 33134

Address: \_\_\_\_\_

Name and Title: OMAR PRIETO DIRECTOR

Name and Title: \_\_\_\_\_

Address: 2161 SW 21 STREET  
MIAMI, FLORIDA 33145

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALBERTO ELIAS  
Address: 815 ORTEGA AVENUE  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ALBERTO ELIAS  
Address: 815 ORGETA AVENUE  
CORAL GABLES, FLORIDA 33134

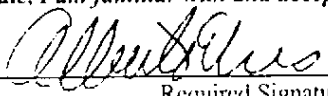
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

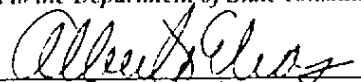
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

10/1/2019  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
Required Signature/Incorporator

10/1/2019  
Date