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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. ELITE AURA LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

Ξ̈́ MA ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Elite Aura ILC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
698 NE 1ST Ave	
Pap. tal	
Hiami, Fl 33132	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
Arianna Victoria Victoria Alimenti	
698 NE 1st Ave. Apt 904	
Miami, Fl 33132	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	1024 35 72
Arianna Victoria Victoria Alimenti	1 - ,
(AMBR)	l: 0≀

EIN: 99-4077839

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Anyona Victoria Almonti
Typed or printed name of signee

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)