From: Lysle: Chirico

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109

Phone : (561)544-8862

Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

sales@eloenterprises.us Email Address:_

FLORIDA LIMITED LIABILITY CO. FZL INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE 4 - Name:
The name of the Limited Liability Company is:

FZL INVESTMENTS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4378 FICUS ST	4378 FICUS ST
HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33023

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

ELO ENTERI	RISES, INC.	
	Name	
4700 NW BC	CA RATON BLVE	1202
Florida street addres	is (P.O. Box <u>XOT</u> a	eceptable)
BOCA RATO	ON FL	33431
City	State	Zip

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 om 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)

(CONTINUED)

To Florida Dept of State Page, 3 of 3 2025-02-05 15:05:25 GMT From Lyster Chirico

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ANDERSON ALEX ZIMA
	4378 FICUS ST
	HOLLYWOOD, FL 33021
<u> </u>	
(He a attachment if necessary)	
effective date is listed, the date must be s te of filing.)	meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the dat effective date is listed, the date must be s to of filing.) If the date inserted in this block does not becoment's effective date on the Departmen CLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be liste
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CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not occument's effective date on the Departmen CLE VI: Other provisions, if any. REQUIRED SIGNATURE: AND Signature of a in This document is executed.	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listent of State's records.

