

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

RECEIVED  
STATE OF RHODE ISLAND  
CORPORATIONS DIV  
2012 JAN 27 AM 9:37

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

**Elite Line Services, LLC**

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of **Florida**

4. The date of its organization is **May 23, 2002**

5. The period of duration of the limited liability company is (if perpetual, so state) **Perpetual**

6. The address of the limited liability company's resident agent in Rhode Island is:

**222 Jefferson Blvd., Suite 200**

**Warwick**

**, RI 02888**

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is **National Registered Agents, Inc.**

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

**476 Southridge Industrial Dr., Tavares, FL 32778**

9. The mailing address for the limited liability company is:

**476 Southridge Industrial Dr., Tavares, FL 32778**

**FILED**

JAN 27 2012

BY

*a*  
**161743 9:37**

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
G&T Conveyor Company, Inc	476 Southridge Industrial Dr., Tavares, FL 32778

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

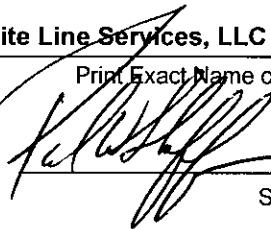
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 1-26-12

Elite Line Services, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

# *State of Florida*

## *Department of State*

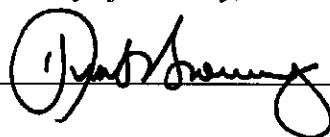
I certify from the records of this office that ELITE LINE SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 30, 2008, effective May 23, 2002.

The document number of this limited liability company is L08000117612.

I further certify that said limited liability company has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on March 24, 2010, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Fourteenth day of January, 2011*



*Secretary of State*



Authentication ID: 000191411340-011411-L08000117612

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<https://efile.sunbiz.org/certauthver.html>