

L22000197026

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 : SORSHER & ASSOCIATES, LLC.  
 Account Number : I20170000056  
 Phone : (954)842-2931  
 Fax Number : (954)842-2936

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

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

DEPARTMENT OF STATE  
 ALLIANCE STATE FLORIDA

2022 MAY 13 PM 1:45

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**FLORIDA LIMITED LIABILITY CO.  
 ELENA TECHNOLOGY, LLC.**

Certificate of Status	0
Certified Copy	0
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 COMMERCIAL  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ELENA TECHNOLOGY, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLENA CHERNYSHOVA  
Name of Person  
ELENA TECHNOLOGY, LLC.  
Firm/Company  
18201 COLLINS AVE APT 1908  
Address  
SUNNY ISLES BEACH, FL 33160  
City/State and Zip Code  
06750042561@gmail.com  
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
CORPORATION  
SECTION

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For further information concerning this matter, please call:

OLENA CHERNYSHOVA 786 644-7125  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELENA TECHNOLOGY, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

18201 COLLINS AVE APT 1908  
SUNNY ISLES BEACH, FL 33160

18201 COLLINS AVE APT 1908  
SUNNY ISLES BEACH, FL 33160

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:

OLENA CHERNYSHOVA  
Name

18201 COLLINS AVE APT 1908  
Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES BEACH FL 33160  
City State Zip

FILED IN TALLAHASSEE, FLORIDA

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*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..*

*Olena Chernyshova*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

CHERNYSHOVA, OLENA  
18201 COLLINS AVE APT 1908  
SUNNY ISLES BEACH, FL 33160

MGR

CHERNYSHOV, IURI  
18201 COLLINS AVE APT 1908  
SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
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\_\_\_\_\_  
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(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Olena Chernyshova*

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

CHERNYSHOVA, OLENA

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 2022 MAY 13 PM 1:46  
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