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DIVISION OF CORPORATIONS
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T. HAMPTON
JUL 12 2010
EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLUSH ILLUSIONS, 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:

CHRISTOPHER JEAN
(Name of Person)

PLUSH ILLUSIONS, LLC
(Firm/Company)

7958 PINES BLVD
(Address)

Pembroke Pines, FLORIDA 33084
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER JEAN at (888) 535-8890
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ATTENTION: FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION**

COVER LETTER FOR LLC REGISTRATION

PLUSH ILLUSIONS, LLC

7958 PINES BLVD.

PEMBROKE PINES, FLORIDA 33024

DAYTIME PHONE: (888) 535-8890

MANAGER: CHRISTOPHER JEAN

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLUSH ILLUSIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

7958 PINES BLVD

Pembroke Pines, FL 33024

Mailing Address:

7958 Pines Blvd

Pembroke Pines, FL 33024

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

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

CHRISTOPHER JEAN

Name

7958 PINES BLVD

Florida street address (P.O. Box NOT acceptable)

Pembroke Pines, FLORIDA 33024

City, State, and 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Christopher Jean

Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

CHRISTOPHER JEAN

7958 PINES BLVD

Pembroke Pines, FL 33024

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHRISTOPHER JEAN

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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