

L13000014662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100243420981

01/28/13--01006--001 **125.00

FILED
2013 JAN 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 29 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **305 PLP, 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:

FRANKLIN JARA, ESQ.

Name of Person

JARA & ASSOCIATES, P.A.

Firm/Company

1200 BRICKELL AVE., SUITE 1450

Address

MIAMI, FLORIDA 33130

City/State and Zip Code

FRANKLIN@JARALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANKLIN JARA

Name of Person

at (**786**) **866-8705**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 JAN 28 PM 1:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

305 PLP, LLC

(Must end with 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:

1200 BRICKELL AVENUE
SUITE 1450
MIAMI, FLORIDA 33131

Mailing Address:

1200 BRICKELL AVENUE
SUITE 1450
MIAMI, FLORIDA 33131

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:

JARA & ASSOCIATES, P.A.

Name

1200 BRICKELL AVENUE, SUITE 1450

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

MIAMI, FLORIDA 33131

FL

City, State, and Zip

FILED
2018 JAN 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

MGR _____

ERIC MARTINEZ

1200 BRICKELL AVENUE, SUITE 1450

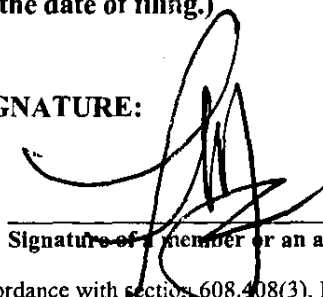
MIAMI, FLORIDA 33131

(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.)

REQUIRED SIGNATURE:



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. 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.)

FRANKLIN A. JARA, ESQ.

Typed or printed name of signee

2013 JAN 28 PM 1:47
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE
FL

FILED

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)