## L15000110388

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
SUBJECT	•	perty Solutions Plus LLG	2	
SUBJEC	' ·	Name of L	imited Liability Company	
The enclose	sed Articles of	Organization and fee(s)	are submitted for filing.	
Please retu	ırn all correspo	ondence concerning this t	natter to the following:	
	Susan Perry			
	-		Name of Person	
		****	Firm/Company	
	996 McNair	Dr.		
		,	Address	
	Lansdale, PA	19446		
	pharmer996@		City/State and Zip Code	
	<u> </u>		ed for future annual report r	notification)
or further i	nformation cor	ncerning this matter, plea	se call:	
	Susan Perry		818 434-1264	
	Name	at (_	Area Code Daytime To	elephone Number
Enclosed is \$125.00 F		se following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	Registra Divisio P.O. Bo	g Address ation Section n of Corporations ox 6327 ssee, FL 32314	Street Addre Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	ection orporations ng ve Center Circle
<del> </del>			P.O. Box NOT acceptable)	12422
	-	Boca Raton City		ip
gnated in thi ree to compi	is certificate, I I ly with the prov	hereby accept the appoint isions of all statutes relat ations of my position as t	of process for the above stat ment as registered agent an	ed limited liability company at the d agree to act in this capacity. I lete performance of my duties, and I for in Chapter 605, F.S

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Page 1 of 2

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Susan Perry
	996 McNair Dr.
	Lansdale, PA 19446
	<u> </u>
(III	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specified the date of filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed a  of State's records.
ARTICLE VI: Other provisions, it any.	
REQUIRED SIGNATURE	
Signature of a m	ember or an authorized representative of a member.
constitutes an affirmatic I am aware that any fals	tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State
	e felony as provided for in s.817.155, F.S.)
Su	San Perry Typed or printed name of signee
	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)

as



June 30, 2015

SUSAN PERRY 996 MCNAIR DR. LANSDALE, PA 19446

The Articles of Organization for PERRY'S PROPERTY SOLUTIONS PLUS LLC were filed on June 26, 2015, and assigned document number L15000110388. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Jessica A Fason Regulatory Specialist II New Filing Section Division of Corporations

www.sunbiz.org

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Letter Number: 315A00013741



## Bepartment of State

I certify from the records of this office that RERRY'S PROPERTY SOLUTIONS PLUS LLC, is a limited liability company organized under the laws of the State of Florida, filed on June 26, 2015.

The document number of this company is 15000110388

I further certify that said company has paid all fees due this office through December 31,2015 and its status is active.

Given under my hand and the Great Séal of the State of Florida at Tallahassee, the Capital, this the Thirtieth day of June, 2015

THE STATE OF THE S

CR2EO22 (1-11)

Ren Petzner Secretary of State



## Bepartment of State

I certify the attached is a true-and correct copy of the Articles of Organization of PERRY'S PROPERTY SOLUTIONS PLUS LLC, a limited liability company organized under the laws of the state of Florida, filed on June 26, 2015, as shown by the records of this office.

The document number of this limited liability company is L15000110388

Given under my hand and the Great Séal of the State of Florida at Tallahassee, the Capital, this the Thirtieth day of June, 2015

TO WE TO SHE

CR2EO22 (1-11)

Ken Detzener Becretary of State

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name	of the Limited Liabil	ity Company is:			
	Perry's Property Sol	utions Plus LLC			
	. (Must end	with the words "Limited	l Liability Co	mpany, "L.L.C.," or "LLC	")
	E II - Address: ng address and street a	nddress of the principal o	office of the L	imited Liability Company	is:
	<u>Princi</u>	oal Office Address:		<u>Mailing</u>	Address:
	2800 S. Ocean Blvd			996 McNair Dr.	
	Boca Raton, FL334.	32		Lansdale, PA 19446	
			<del></del>		
	•	active Florida registration address of the registered Susan Perry	l agent are:		_
		****	Name		
		2800 S. Ocean Blvd.			_
		Florida street addres	s (P.O. Box 🖸	OT acceptable)	
		Boca Raton	FL	33432	_
		City	State	Zip	
place desigi further agre	nated in this certificate te to comply with the pi	, I hereby accept the app rovisions of all statutes re bligations of my position	ointment as re elating to the p as registered of	for the above stated limited gistered agent and agree to proper and complete perforagent as provided for in Charles Signature (REQUIRED)	o act in this capacity. I rmance of my duties, and I

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Page 1 of 2

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

Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.)  Susan Per (  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)	Title: "AMBR" = Authorized Member	·
(Use attachment if necessary)  E. V. Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dat filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.)  Susan Percy  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)	"MGR" = Manager	C P
Lansdale, PA 19446  [Use attachment if necessary]  E.V: Effective date, if other than the date of filing:	MGK	· · · · · · · · · · · · · · · · · · ·
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