

L1600226773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

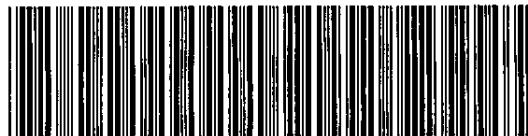
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 DEC 13 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

DEC 15 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 395137 7890963

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : December 7, 2016

ORDER TIME : 1:43 PM

ORDER NO. : 395137-005

CUSTOMER NO: 7890963

DOMESTIC FILING

NAME: PLG EXPERIENCE SOLUTIONS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

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2016 DEC 13 PM 2:30  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLG EXPERIENCE SOLUTIONS, 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:

KEVIN AMBLER

Name of Person

AMBLER LAW GROUP

Firm/Company

400 N. TAMPA STREET, SUITE 1100

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

KEVIN@AMBLERLAW.COM

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

For further information concerning this matter, please call:

KEVIN AMBLER

813

275-9100

at ( )

Name of Person

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

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2016 DEC 13 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 12/09/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 DEC 13 PM 2:40

PLG EXPERIENCE SOLUTIONS LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

16504 FORREST LAKE DRIVE  
TAMPA, FLORIDA 33624

Mailing Address:

16504 FOREST LAKE DRIVE  
TAMPA, FLORIDA 33624

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:

KEVIN AMBLER, ESQUIRE

Name

400 N. TAMPA STREET, SUITE 1100

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

TAMPA

FLORIDA

33602

City

State

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 605, F.S.*

AMBLER LAW GROUP

By: 

Registered Agent's Signature (REQUIRED)

KEVIN C. AMBLER, ESQUIRE

(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

MGR

**Name and Address:**

PAUL GROSSMAN

16504 FOREST LAKE DRIVE

TAMPA, FLORIDA 33624

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 9, 2016 (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.

To the extent not otherwise specified in the Company's Operating Agreement, all operations and actions of the company shall be governed by the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes (as may be amended from time to time)

**REQUIRED SIGNATURE:**



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.

KEVIN AMBLER, ESQUIRE

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)

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TALLAHASSEE, FLORIDA