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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Emily Nume) |
| (Document Number) |
| (Document Number) |
| Continue Continue |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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C. GOLDEN FEB 2 0 2017

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| Phone: 830-338-1300 | | • | |
|---|-------------|-------------|---------|
| ACCOUNT NO. : I2000000195 | | | |
| REFERENCE: 515613 4336482 | | | |
| AUTHORIZATION: Spelle Rengan | | | |
| COST LIMIT: \$ 125.00 | . . | - - | |
| ORDER DATE : February 17, 2017 | | | |
| ORDER TIME : 3:51 PM | | | |
| ORDER NO. : 515613-015 | | | |
| CUSTOMER NO: 4336482 | | | |
| | | | |
| DOMESTIC FILING | | | |
| NAME: PLANTATION MOBILE UNITS LLC | | | |
| | | | |
| EFFECTIVE DATE: | ~ 1 | (5.5 | |
| 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 | | 9:59 | |
| | | | |
| CONTACT PERSON: Melissa Zender - EXT. | | | |
| EXAMINER'S INITIALS: | | | _ |

COVER LETTER

2017 FEB 17 111 S: 59

Plantation Mobile Units LLC SUBJECT: 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: Robyn Tuerk, Esq. Name of Person Philips International Firm/Company 295 Madison Avenue, 2nd Floor Address New York, New York 10017 City/State and Zip Code rtuerk@pihc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robyn Tuerk Name of Person Arca Code Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section
Division of Corporations

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| ARTICLE I - Name: The name of the Limited Liabil | lity Company is: | | | 2317FED 17 | 5: 59 |
|--|---|--|---|------------------|-------|
| Plantat (Must con | ian the words "Limited | le Units Liability Company | , "L.L.C.," or "LLC.") | Till. | ٠ |
| ARTICLE II - Address: The mailing address and street | address of the principal o | ffice of the Limited | d Liability Company is: | | |
| <u>Princi</u> | pal Office Address: | | Mailing Addre | <u>ss</u> : | |
| 295 Madison Aven New York, New Yo | | Madison Avenue, 2nd Floo w York, New York 10017 | or | | |
| ARTICLE III - Registered Ap (The Limited Liability Compan another business entity with an The name and the Florida stree | ly cannot serve as its own active Florida registration | Registered Agent. n.) | nt's Signature: You must designate an indi | vidual or | |
| The name and the Florida sirce | _ | J | | | |
| | Corporation Service | Name | | | |
| | 1201 Hays Street Florida street addres | s (P.O. Box <u>NOT</u> a | acceptable) | | |
| | Tallahassee | FL | 32301 | | |
| | City | State | Zip | | |
| Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the a | e, I hereby accept the app | ointment as register elating to the prope as registered agent ice Company | red agent and agree to act in r and complete performance as provided for in Chapterio ASS ture (REQUIRED) | this capacity. I | |
| | | | | | |

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGR | Philip Pilevsky |
| | 295 Madison Avenue, 2nd Floor |
| | New York, New York 10017 |
| MGR | Seth Pilcvsky |
| | 295 Madison Avenue, 2nd Floor |
| | New York, New York 10017 |
| MGR | Michael Pilevsky |
| | 295 Madison Avenue, 2nd Floor |
| | New York, New York 10017 |
| MGR | Scott Massey |
| | 2020 Ponce De Leon Boulevard Suite 1005-A |
| | Coral Gables, Florida 33134 |
| (Use attachment if necessary) | |
| TICLE V: Effective date, if other than the da | ate of filing: (OPTIONAL) |
| an effective date is listed, the date must be s | specific and cannot be more than five business days prior to or 90 days after |
| date of filing.) | |
| | t meet the applicable statutory filing requirements, this date will not be listed a |
| document's effective date on the Departmen | nt of State's records. |
| TICLE VI: Other provisions, if any. | |

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.

Robyn Tuerk

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)

Page 2 of 2