

## Florida Department of State

Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : HARRY G. REID, III  
Account Number : I20010000189  
Phone : (407)321-3911  
Fax Number : (407)321-1467

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.****PLUSH PROPERTIES, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**PLUSH PROPERTIES, LLC**

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**  
514 Whittingham Place  
Lake Mary, Florida 32746

**Mailing Address:**  
514 Whittingham Place  
Lake Mary, Florida 32746

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

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

**Dulce Maria Andonie**  
**514 Whittingham Place**  
**Lake Mary, Florida 32746**

*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.*

D. Andonie  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV -**

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

**Title:**  
AMBR - Authorized Member

**Name and Address:**  
Dulce Maria Andonie  
514 Whittingham Place  
Lake Mary, Florida 32746

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Effective date, is the date of filing.

**SIGNATURE:**

D. Andonie

**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 document consisted 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.)

**Dulce Maria Andonie**

**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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