Florida Department of State

Division of Coppletions

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| Enter ' | the email addres | s for this business entity to be used for fings. Enter only one email address please.* | uture |

FLORIDA LIMITED LIABILITY CO. PHO 305 PLUS LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

DE13 **DB**

T. SCOTE

| 74010123 | OF ORGANIZATION FOR | CHUORIDALIMITE | DLIABILITY COMPANY |
|--|---|----------------------|--|
| ARTICLE I - Name; | | | |
| The name of the Limited Liab | ility Company is: | | |
| | | | |
| | PLUS LLC | | |
| (Must co | onatin the words "Limited | Liability Company | , "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | | | |
| The mailing address and street | t address of the principal o | office of the Limite | d Liability Company is: |
| <u>Princ</u> | ipal Office Address: | | Mailing Address: |
| MANDY TRAN | | MA | NDY TRAN |
| 12735-12737 SW 4 | 2 STREET UNIT 12-13 | | 87 SW 40 STREET |
| MIAMI, FL. 33175 | 5 | | AMI, FL. 33165 |
| ARTICLE III - Registered A The Limited Liability Compart another business entity with an The name and the Florida street | ny cannot serve as its own n active Florida registration | Registered Agent. | nt's Signature: You must designate an individual or |
| | MANDY TRAN | 1 | |
| | | Name | |
| | 12735-12737 SW 42 | STREET UNIT 12 | -13 |
| | Florida street address | s (P.O. Box NOT a | cceptable) |
| | MIAMI, FL. 33175 | | |
| | 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| MGR | MANDY TRAN 11387 SW 40 STREET MIAMI, FL 33165 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) LEV: Effective date, if other than the date for the date must be | ate of filing:DECEMBER 12, 2019, (Ol'TIONAL) |
| LEV: Effective date, if other than the date of filing.) If the date inserted in this block does no ument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this days will not be |
| I.E.V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, his date will not be lost of State's records. |
| LE V: Effective date, if other than the date feetive date is listed, the date must be e of filing.) If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, his date will not be not of State's records. |
| LE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does no ument's effective date on the Departme LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a r This document is exect a maware that any fall. | specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, his date will not be lost of State's records. |
| LE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does no ument's effective date on the Departme LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a r This document is exect a maware that any fall. | t meet the applicable statutory filing requirements, his date will not be int of State's records. member an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State rec felony as provided for in s.817.155, F.S. |
| LE V: Effective date, if other than the defective date is listed, the date must be a of filing.) If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a representation of the degree | t meet the applicable statutory filing requirements, his date will not be int of State's records. member an authorized representative of a member, suited in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State rec felony as provided for in s.817.155, F.S. |