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TALLAHASSEE, FLORIDA

37285

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Purvis Solutions, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Thomas T Purvis, Jr.**  
(Name of Person)

**Purvis Solutions, LLC**  
(Firm/Company)

4529 Blueberry Woods Circle North  
(Address)

Jacksonville, Florida 32258  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas T Purvis, Jr. at (904) 260-6619  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 File Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy  
(additional copy included)

☒ **\$160.00 Filing Fee, Certificate of Status & Certified Copy**  
(additional copy included)

### Street Address:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee FL 32399

### Mailing Address:

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Purvis Solutions, LLC**

## ARTICLE II - Address:

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

### Principal Office Address:

4529 Blueberry Woods Cir N  
Jacksonville FL 32258-4176

### Mailing Address:

4529 Blueberry Woods Cir N  
Jacksonville FL 32258-4176

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

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

**Thomas T Purvis, Jr.**  
(Name)

4529 Blueberry Woods Circle North  
Florida Street Address (P.O. Box **NOT** Acceptable)

Jacksonville, Florida 32258  
(City/State and Zip Code)

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 608, F.S..

  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

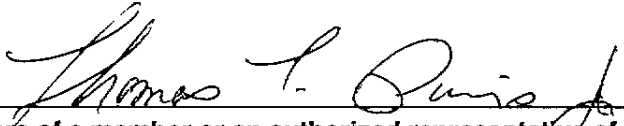
Thomas T Purvis, Jr.  
4529 Blueberry Woods Cir N  
Jacksonville FL 32258

MGRM

Linda Darlene Purvis  
4529 Blueberry Woods Cir N  
Jacksonville FL 32258

**NOTE: An additional article must be added if an effective date is requested.**

## REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas T Purvis, Jr.  
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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\$160.00 Total

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05 MAR 21 PM 12:17  
STATE OF FLORIDA  
TALLAHASSEE