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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
·(Do	cument Number)	
: Certified Copies	_ ··· Certificates	of Status :
Special Instructions to	Filing Officer:	<u> </u>

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SECRETARY OF STATE

J. BRYAN

OCT -5 2009

EXAMINER

COVER LETTER

Division of C							
SUBJECT:	Α	ndrew	Peri,	LLC.			
	Name of Lim						
The enclosed Articles	of Organization and fee(s) are	e submitte	ed for filir	ıg.			
Please return all corres	spondence concerning this ma	tter to the	e followin	g:			
		Andre	w Peri			090 SEC	ime.
		Name o	f Person			AET OF T	
	Ar		Peri, LL	C		T-2 PM 1: U	Ī
		Firm/C	ompany			F ST	
	1617 T		rossing	Lane			<u> </u>
		Ado	iress			17	
	Jack	sonville	e, FL 32	2225			
	C	ity/State a	nd Zip Cod	le			
	andre	ewfperi	@gmai	l.com			
For further information	E-mail address: (to be used a concerning this matter, pleas		annuai rep	ort notificatio	on)		
	drew Peri	at (904	.)	405-806		
Name	e of Person		Area Cod	e & Daytime	Telephone Nur	nber	
Enclosed is a check t	for the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cei	rtified Co	ng Fee & opy y is enclosed)	Certific Certific	O Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton I 2661 Ex	ourier Addr ion Section of Corporat Building ecutive Cent see, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Lie	ability Company is:	
(Must end with	Andrew Peri, LLC. the words "Limited Liability Company," "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal office of the Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:	
Andrew Peri, LLC. 1617 Timbercrossing Lan Jacksonville, FL 32225	Jacksonville, FL 322	25
ARTICLE III - Registered (The Limited Liability Company canr business entity with an active Florida	Agent, Registered Office, & Registered A not serve as its own Registered Agent. You must designate a la registration.)	gent's Signature: an individual or another
•	reet address of the registered agent are: Janice Turner	09 OCT
Name		II-2 I-2 ASSE
	1617 Timbercrossing Lane	
	rida street address (P.O. Box <u>NOT</u> acceptable) Jacksonville FL	D: 04 STATE STATE
	City, State, and Zip	Þ
liability company at the p registered agent and agree to statutes relating to the proj	istered agent and to accept service of process for blace designated in this certificate, I hereby act to act in this capacity. I further agree to complete performance of my duties, as f my position as registered agent as provided for gistered Agent's Signature (REQUIRED)	cept the appointment as ly with the provisions of all nd I am familiar with and

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager			
"MGRM" = Managing Member			
MGR	Andrew Peri		
	1614 Timbercrossing Lane		
	Jacksonville, FL 32225	_	
V-77400-V-05			
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(Use attachment if necessary)		traffe 40:1	
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CLE V: Effective date, if other than the	e date of filing: (OPT	IONAL	
CLE V: Effective date, if other than the	e date of filing: be specific and cannot be more than five busines	IONAL	
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE		IONAL	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of this document considerations.	pe specific and cannot be more than five business ter or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	IONAL	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)	IONAL	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here.	pe specific and cannot be more than five business ter or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	IONAL	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)