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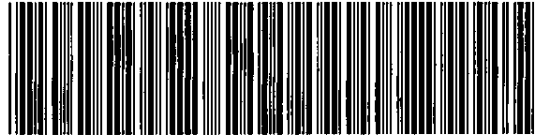
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Donald M. Robinson, P.A.

Attorney and Counselor at Law

625 W. Union Street, Suite #1
Jacksonville, Florida 32202
(904) 356-5977 • FAX: (904) 356-7820

March 5, 2010

Secretary of State
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: ARTICLES OF ORGANIZATION - PERIAPSIS INTEGRATED-
MEDIA LLC

Dear Sir or Madam:

Enclosed, please find Articles of Organization for PERIAPSIS INTEGRATED-MEDIA LLC along with a check in the amount of \$160.00 for filing of Articles of Organization designation of registered agent, certified copies and a status certificate.

Also, enclosed is a photocopy of the Articles. Please return this to me with the filing date stamped on it.

Sincerely,

Donald M. Robinson, Esquire
DMR:sh
Enclosure(s)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Periapsis Integrated-Media LLC
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:

James Joseph Gelsey

Name of Person

Law Offices of Donald M. Robinson

Firm/Company

625 West Union Street, Suite #1

Address

Jacksonville, FL 32202

City/State and Zip Code

periapsis.im@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Joseph Gelsey

Name of Person

at (954)

610-2138

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Periapsis Integrated-Media LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5350 Normandy Blvd.

Jacksonville, FL 32205

Mailing Address:

Periapsis Integrated-Media

P.O. Box 61696

Jacksonville, FL 32205

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Donald M. Robinson

Name

625 West Union Street, Suite #1

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32202

City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGR

James J Gelsey I

8565 Mayall Dr

Jacksonville FL 32220

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

James Joseph Gelsey I

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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TALLAHASSEE, FLORIDA

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