# 4/600/63659

(1	Requestor's Name)				
(Address)					
	Address)				
- (	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	•				

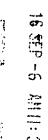
Office Use Only

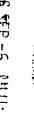


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## **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJEC	persis jacksonville llc						
SCHOLL	Name of Limited Liability Company						
The enc	losed Articles of Organization and fee(s) are submitted for filing.						
Please re	eturn all correspondence concerning this matter to the following:						
	Dhilip James						
	Name of Person						
	persis jacksonville Ilc						
	Firm/Company						
	4090 mapleleaf dr						
	Address						
	dayton oh-45416						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For furthe	r information concerning this matter, please call:						
	Dhilip I James 937 829-7247						
	Name of Person Area Code Daytime Telephone Number						
Enclose	d is a check for the following amount:						
<b>]\$125.0</b> 0	Filing Fee \$\sum_{\text{Certificate of Status}}\$130.00 Filing Fee & \sum_{\text{Certificate of Status}}\$155.00 Filing Fee & \sum_{\text{Certificate of Status}}\$\$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$						

# **Mailing Address**

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

# Street Address

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



SEP -6 AMIN 32



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	llity Company is:			
persis jacksonville				
(Must en	d with the words "Limited	l Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	taddress of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
8490 Baymeadow	s Rd	849	8490 Baymeadows Rd	
jacksonville		jacksonville		
Florida-32256	Flori	Florida-32256		
	Anil Davidi	Name	40 100000000000000000000000000000000000	
	1767 hermitage blvd	apy#7208		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ox NOT acceptable)	
	tallahasse	Florida	32308	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te. I hereby accept the app provisions of all statutes re obligations of my position	ointment as registere elating to the proper	ed agent and agree to act and complete performan as provided for in Chapte	in this capacity. I ce of my duties, and I
		(CONTINUED)		

Page 1 of 2

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<b>Title:</b> "AMBR" = Auth	norized Member	Name and Address:		
"MGR" = Mana				
AMBR	Per	Dhilip I James		
	and the second s	4090 mapleleaf dr		
		dayton,OH-45416		
AMBR		Jacob Christie		
		7600 huntington park dr,apt#108		
		columbus,OH-43235		
	description of the second of t			
		17-18-18-18-18-18-18-18-18-18-18-18-18-18-		
(Use attachment	if necessary)			
If an effective date is list he date of filing.) Note: If the date inserted	ed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.		
ARTICLE VI: Other prov	risions, if any.			
REOURED SI	Signature of a member	r or an authorized representative of a member.		
	Signature of a member This document is executed in I am aware that any false infor	r or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.		

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees:

Typed or printed name of signee