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November 1, 2019

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

Re: Perry's Consulting Services, L.L.C.

Our File No. 4449.5

To Whom It May Concern:

On behalf of Perry's Consulting Services, L.L.C., enclosed please find the following:

- (1) Cover Letter;
- (2) Articles of Organization for Florida Limited Liability Company; and
- (3) \$125.00 check for the filing fee.

Please process the enclosed in your usual manner and return time-stamped copies to our office using the enclosed envelope.

If you have any questions, please contact my assistant, Margaret Puvalowski.

Very truly yours,

DENEWETH, DUGAN & PARFITT, P.C.

Anthony Vittig[io II]

E-mail: avittiglio@ddp-law.com

AVII/mp Enclosures

cc: Perry Tice (via e-mail)

4449.5/110119 FL Sec of State ltr encl Articles

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC"	Perry's Consulting Services, L.L.C.			
300000	Name of Limited Liability Company			
The enclos	closed Articles of Organization and fee(s) are submitted for filing.			
Please rett	return all correspondence concerning this matter to the following:			
	Anthony Vittiglio II			
	Name of Person			
	Deneweth, Dugan & Parfitt, P.C.			
Firm/Company 1175 W. Long Lake Rd., Ste. 202				
	Troy, MI 48098			
	City/State and Zip Code perryshauling@sbeglobal.net			
	E-mail address: (to be used for future annual report notific	cation)		
For further i	er information concerning this matter, please call:			
	Anthony Vittiglio II 248 290-0400 at ()			
	Name of Person Area Code Daytime Teleph	one Number		
Enclosed i	d is a check for the following amount:			
S125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive CeTallahassee, FL 32Tallahassee, FL 32	nter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:			
Perry's Consulting Se		71122 0		<u>.</u>
(Must contr	un the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Li	nited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addre	<u>:ss</u> :
16299 San Carlos Bly			16299 San Carlos Blvd. C-3	
Fort Myers, FL 33908	3	····································	Fort Myers, FL 33908	<u></u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	i Registered Ag		vidual or
The name and the Florida street a	ddress of the registered	d agent are:		SECRET
	Perry Tice Je.			27 3 3 3 3 3 3 3 3 3 3
		Name		A
	16299 San Carlos Bl	vd. c-3		
	Florida street addres	s (P.O. Box <u>N</u> C	II acceptable)	SEE, SES
	Fort Myers	FL	33908	4.5. A. S. A
	City	State	Zip	TE OF

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	Name and Address:
"MGR" = Manager AMBR	Perry Tice JL, 16299 San Carlos Blvd. c-3 Fort Myers, FL 33908
	SEOKET
(Use attachment if necessary)	FE, FL
ffective date is listed, the date must be specific ar e of filing.)	g: (OPTIONAL) and cannot be more than five business days prior to or 90 days at applicable statutory filing requirements, this date will not be liste
cument's effective date on the Department of State	
LE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

P- IS

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Perry Tice 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)