

L21000002839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

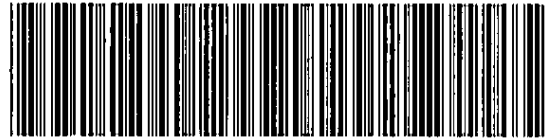
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/04/21--01004--018 \*\*125.00

DIVISION  
TALLAHASSEE, FLORIDA

2021 JAN-4 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 JAN-5 PM 3:09

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Private Equity FL, 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:

Perry Erwin  
Name of Person  
Private Equity FL, LLC  
Firm/Company  
2910 Kerry Forest Pkwy D-4 119  
Address  
Tallahassee, FL 32309  
City/State and Zip Code  
PerryErwin59@gmail.com  
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Perry Erwin at ( 850 ) 323-0368  
Name of Person 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**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



*\*Correction\**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2021

PERRY ERWIN  
2910 KERRY FOREST PKWY D-4 119  
TALLAHASSEE, FL 32309

SUBJECT: PRIVATE EQUITY FL, LLC  
Ref. Number: W21000000575

We have received your document for PRIVATE EQUITY FL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosing page (2) required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 921A00000147

2020 JAN -5 PM 3:46  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2021 JAN -5 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Private Equity FL, LLC

(Must contain 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:

2910 Kerry Forest Pkwy D-4119  
Tallahassee, FL 32309

Mailing Address:

2910 Kerry Forest Pkwy D-4119  
Tallahassee, FL 32309

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:

Perry Erwin  
Name  
6047 Pimlico Ct  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Tallahassee, FL 32309  
City State 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 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Perry Erwin  
2910 Kerry Forest Pkwy D-4  
Tallahassee, FL 32309

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JAN -5 PM 3:03

FILED

(Use attachment if necessary)

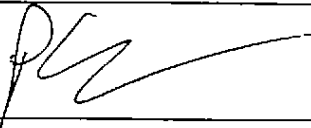
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**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 Erwin

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)