

L21000056329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

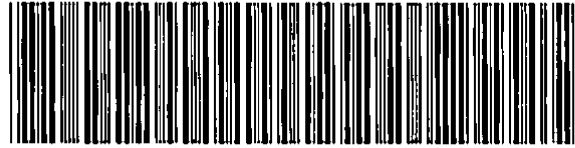
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

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2021 FEB 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FL
2021 FEB 11 PM 2:16

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/11/2021

NAME: APIP LLC

TYPE OF FILING: ARTICLES

COST: ~~78.75~~ 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

File 2nd

February 11, 2011

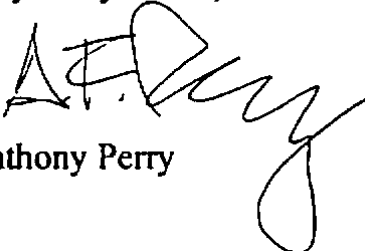
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Consent to Form Florida Corporation and Limited
Liability Company of the Same Name**

I, Anthony Perry, through Delaney Corporate Services, Ltd., intend to form two Florida entities of the same name which will be "APIP Inc." and "APIP LLC". This letter serves as my consent to form the foregoing entities having a substantially similar name. I certify that as the intended sole member of APIP LLC and the intended sole shareholder and President of APIP Inc., I am the authorized representative to consent to these formations.

If you should have any questions about this consent or the formation of the two named entities, please contact Delaney Corporate Services, Ltd. or my counsel, Robbins Salomon & Patt, Ltd., c/o Alan J. Wolf at 312-456-0375 or awolf@rsplaw.com.

Very Truly Yours,


Anthony Perry

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: APIP 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:

Jennifer Swantek

Name of Person

Delaney Corporate Services, Ltd.

Firm/Company

823 Congress Avenue, Suite P-4

Address

Austin, TX 78701

City/State and Zip Code

tony@aperryhomes.com

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

For further information concerning this matter, please call:

Jennifer Swantek

512

499-8999

at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APIP 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:

651 E. 4th St., Suite 200

Chattanooga, TN 37403

Mailing Address:

651 E. 4th St., Suite 200

Chattanooga, TN 37403

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:

Anthony Perry

Name

36 S. Bounty Lane

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

Key Largo

FL

33037

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.



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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

APIP Inc.

651 E. 4th St., Suite 200

Chattanooga, TN 37403

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TALLAHASSEE, FL

(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.

Anthony Perry

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)