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(((H220001588643)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: GERALD WEINBERG, P.C. Account Name

Account Number : I20030000043

Phone

: (800)342-9856

Fax Number

: (800)354-3381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	 	

FLORIDA LIMITED LIABILITY CO. PERSIST ATR LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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	PERSIST AIR I	LLC	
(Must o	contain the words "Limited Liability		
ARTICLE II - Address: The mailing address and stre	et address of the principal office of	the Limited Liability Company is:	
Prit	ncipal Office Address:	Mailing Addres	<u>s</u> :
1815 CORDOVA FORT LAUDER	A ROAD DALE, FL 33316	1815 CORDOVA ROAD FORT LAUDERDALE, FL 333	316
(The Limited Liability Comp	Agent, Registered Office, & Registrary cannot serve as its own Regist	istered Agent's Signature: cred Agent. You must designate an indiv	vidual or
another business entity with	·	are:	2022
another business entity with	reet address of the registered agent		2022 MAY
another business entity with	·	IONS, CORPORATION	2022 MAY -2
another business entity with	reet address of the registered agent PERSIST COMMUNICAT	IONS, CORPORATION	2022 MAY -2 OF
another business entity with	reet address of the registered agent PERSIST COMMUNICAT: Name	ions, corporation e	←
another business entity with	PERSIST COMMUNICAT: Name 1815 CORDOVA ROAD Florida street address (P.O.	ions, corporation e	2022 MAY -2 PM 12: 12

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 refistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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A	R	\mathbf{T}	C	LE	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR/MGR	EDWARD LAKE 1815 CORDOVA ROAD FORT LAUDERDALE, FL 33316	
AMBR	PERRI LAKE 420 JEFFERSON STREET, APT. 3B HOBOKEN, NJ 07030	
AMBR	RISA LAKE 95 CHRISTOPHER STREET. 2E NEW YORK, NY 10014	
	<u> </u>	2022 MAY
	2.X	*
	5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	-2
(Use attachment if necessary)	<u> </u>	ØM 12:
ADTICE E. V. Officetive data if other than the date	of filing (OPTIONAL)	Ÿ
If an effective date is listed, the date must be specified at a filing.)	ecific and cannot be more than five business days prior to or 900 meet the applicable statutory filing requirements, this date will not	• -
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Laurence a Krisch	
Signature of a m	ember 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 falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

LAWRENCE A. KIRSCH

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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