

# L23000430/03

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

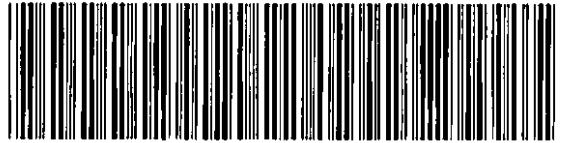
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer.

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SECRETARY OF STATE  
TALLAHASSEE, FL

2023 AUG 25 PM 2:47

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Peri Macinic LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Persida Macinic  
Name of Person  
Peri Macinic LLC  
Firm/Company  
2910 N Jefferson Street Unit C  
Address  
Tampa, FL 33602  
City/State and Zip Code  
Perimacnic@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Persida Macinic at 536 - 344-4674  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Peri Macinik 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 N Jefferson St  
Unit C  
Tampa, FL 33602

Mailing Address:

7901 4th St N, Ste 300  
St Petersburg, FL  
33702

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:

Registered Agents Inc  
Name  
7901 4th St N, Ste 300  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
St. Petersburg FL 33702  
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.

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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HALLAHASSEE, FL