

L22000 194427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

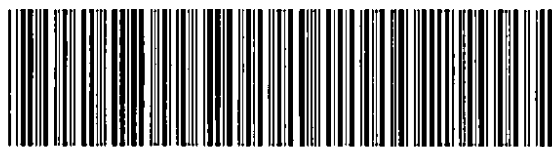
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200387226492

05/12/22--01001--013 \*\*125.00

RECEIVED  
2022 MAY 11 PM 4:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILE  
2022 MAY 11 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** 5/11 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

LLC \_\_\_\_\_

**1. PIERCE1969 LLC**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** PIERCE1969 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:

ZAHAVA ARONOV  
\_\_\_\_\_ Name of Person  
ORB CPA PA  
\_\_\_\_\_ Firm/Company  
1000 SOUTH STATE RD 7  
\_\_\_\_\_ Address  
PLANTATION, FL 33317  
\_\_\_\_\_ City/State and Zip Code  
ELI@PMBSD.COM  
\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELI RAN                      954                      947-4444  
\_\_\_\_\_ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PIERCE1969 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:

Mailing Address:

2618 NE 191 ST  
MIAMI, FL. 33180

2618 NE 191 ST  
MIAMI, FL. 33180

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:

ELI RAN

Name

2618 NE 191 ST

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

MIAMI

FL.

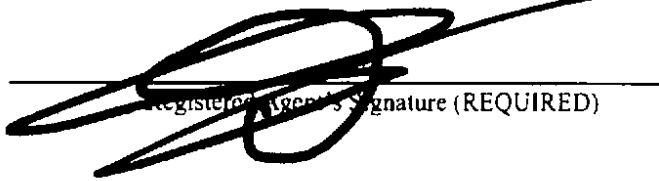
33180

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)

FILED  
2022 MAY 11 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ELIRAN  
2618 NE 191 ST  
MIAMI, FL. 33180

AMBR

DOV GRUSHKA  
2618 NE 191 ST  
MIAMI, FL. 33180

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

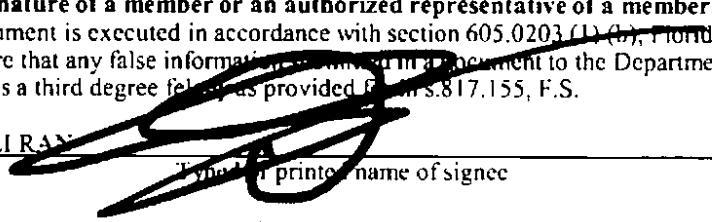
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 furnished in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S.

ELIRAN



Type in 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)