

L16000079532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

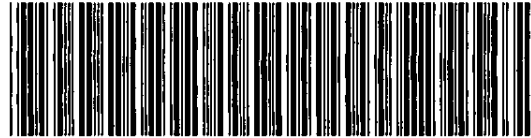
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W16-27847~~

Office Use Only



800283909558

04/05/16--01021--029 **125.00

EFFECTIVE DATE

3-29-16

2016 APR-5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2016

T BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PIERCE HANSEN HOLDINGS, 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:

ROBERT PIERCE

Name of Person

PIERCE HANSEN HOLDINGS, LLC

Firm/Company

1717 DORA AVE

Address

TALLAHASSEE, FL 32308

City/State and Zip Code

ROBPIERCE07@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT PIERCE

850

321-9610

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2016

ROBERT PIERCE
1717 DORA AVE
TALLAHASSEE, FL 32308

SUBJECT: PIERCE HANSEN HOLDINGS, LLC
Ref. Number: W16000027047

We have received your document for PIERCE HANSEN HOLDINGS, 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):

The registered agent must sign accepting the designation.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 916A00007502

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PIERCE HANSEN HOLDINGS, LLC

(Must end with 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:

1717 DORA AVE
TALLAHASSEE
FLORIDA 32308

Mailing Address:

1717 DORA AVE
TALLAHASSEE
FLORIDA 32308

EFFECTIVE DATE
3-29-16

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:

ROBERT PIERCE

Name

1717 DORA AVE

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

<u>TALLAHASSEE</u>	<u>FLORIDA</u>	<u>32308</u>
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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

ROBERT PIERCE

1717 DORA AVE

TALLAHASSEE, FL 32308

AUGUST HANSEN

1051 CHEROKEE DRIVE

TALLAHASSEE, FL 32301

(Use attachment if necessary)

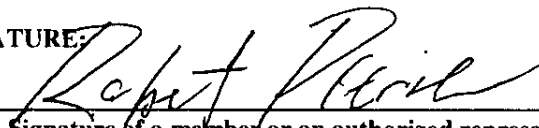
ARTICLE V: Effective date, if other than the date of filing: 29 MARCH, 2016 (OPTIONAL)

(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.

ROBERT PIERCE

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)