419000/6/210

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u>. </u>
Certified Copies Certificates of S	Status
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T. BURCH JUL 1 2019

COVER LETTER

10: New Filing Section Division of Corporations
SUBJECT: PIPAL DRIVE LLC
SUBJECT: PIPAL DRIVE 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:
RieHarw PiPAL Name of Person
Name of Person
PIPAL DRIVE LLC Firm/Company
Firm/Company
11750 PINE TIMBER LN.
Address
FT. MYERS, FL 33913 City/State and Zip Code PIPAL 007 @ HOTMAIL. COM
PIPALOOT (6) HOTTIAIL. COM
E-mail address: (to be used/for future annual report notification)
For further information concerning this matter, please call:
RICHARD PIAGL at (606) 564-4216 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{S160.00 Filing Fee, } \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PIPAL DRIVE LLC	
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	limited Liability Company is:
Principal Office Address:	Mailing Address:
117-1 0 10-01.1	0 1 1 -

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

RICHARD PIPAL Name

11750 PINE TIMBER LN.
Florida street address (P.O. Box NOT acceptable)

FT. MYERS FL 33913

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. 1 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 myposition as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: PIPAL 11750 PINE TIMBER LN. FT. MYERS, FL 33913
	SECHETARY OF STATE TALLAHASSEE, FL
the date of filing.)	of filing: S 12 19 . (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records.
This document is execute I am aware that any false i constitutes a third degree	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-