

L19000222408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

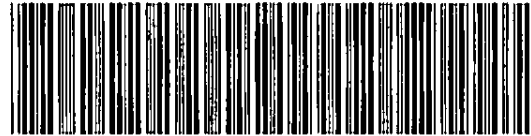
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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19 SEP - 3 PM 5:58  
CLERK OF STATE  
TAMMASEE, FLORIDA

Florida Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 63727  
Tallahassee, FL 32314

**Re: New Filing for RPierceArtist.com LLC**

To whom it may concern:


Per the instructions to form a Florida Limited Liability Company pursuant to section 605, Florida Statutes, which are published and available under the seal of the Florida Department of State, Division of Corporations, a cover letter containing certain information is required to accompany Articles of Organization. This letter is to comply with these instructions.

Included herein are both (1) the required Articles of Organization for RPierceArtist.com LLC; and (2) a check for \$130.00 to cover both the \$125.00 Filing Fee and the \$5.00 fee for a Certificate of Status. My contact information is as follows:

**Roger A. Pierce**  
**2450 Shelby Lane**  
**Clermont, FL 34711**  
**Daytime Phone – 352.717.3085**

Please let me know if the Department needs any additional information from me. In the meantime, I look forward to receiving a letter of acknowledgment, as well as the certificate of status.

Sincerely,



Roger A. Pierce  
2450 Shelby Lane  
Clermont, FL 34711

**COVER LETTER**

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

**SUBJECT:** RPierceArtist.com 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:

Roger A. Pierce  
Name of Person

RPierceArtist LLC  
Firm/Company

2450 Shelby Lane  
Address

Clermont, Florida 34711  
City/State and Zip Code

Ronan2450@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger A. Pierce      352      717-3085  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RPierceArtist.com 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:

2450 Shelby Lane

Clermont, FL 34711

Mailing Address:

2450 Shelby Lane

Clermont, FL 34711

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:

Roger A. Pierce

Name

2450 Shelby Lane

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

Clermont

FL

34711

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.*

X



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

AMBR

**Name and Address:**

Roger A. Pierce

2450 Shelby Lane

Clermont, FL 34711

AMBR

Victor Lee

5212 Chanticleer Drive

Leesburg, FL 34748

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 30, 2019. (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.

Roger A. Pierce shall have the title of President and Treasurer, and the rights and duties associated therewith.

Victor Lee shall have the title of Vice President and Secretary, and the rights and duties associated therewith.

**REQUIRED SIGNATURE:**

X 

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.

Roger A. 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)

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CLERK OF STATE  
OF FLORIDA

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Clermont

FL

34711

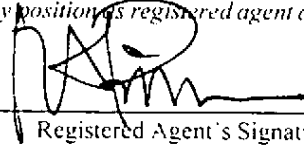
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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