

L20000098524

\_\_\_\_\_  
(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

APR 09 2020

T. SCOTT



900342767919

04/07/20--01016--014 \*\*160.00

APR 09 2020 7:54 PM  
T. SCOTT

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PIECC 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:

ADNAN ASAD  
Name of Person

Firm/Company

5704 NW 27 PLACE GAINESVILLE, FL  
Address

FLORIDA - 32606  
City/State and Zip Code

SHAKIRAHMED@VENUS-USA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKIR AHMED at (954) 9344760  
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:

PIECC 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:

9216 HAYDEN RD  
JACKSONVILLE FLORIDA  
32218

Mailing Address:

5704 NW 27th PL  
GAINESVILLE FL  
32606

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:

SHAKIR AHMAD

Name

2230 NW 57 TER

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

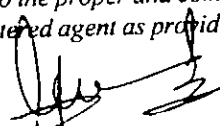
GAINESVILLE FL - 32606

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)

2008-7 PM 2:54

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

BABAR ASAD

SHUMAILA ASAD

SCCELLINA ASAD

**Name and Address:**

5704 NW 27 PL  
GAINESVILLE FL  
32606

5704 NW 27 PL  
GAINESVILLE FL  
32606

5704 NW 27 PL  
GAINESVILLE FL  
32606

(Use attachment if necessary)

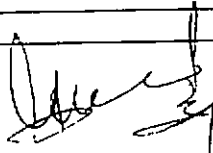
**ARTICLE V:** Effective date, if other than the date of filing: 03-24-2020 (OPTIONAL)

(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.

SHAKIR AHMED

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

ADNAN ASAD

ANJUM ASAD

SAVEELA ASAD

SEHAR ASAD

**Name and Address:**

5704 NW 27 PL  
GAINESVILLE FLORIDA  
32606

5704 NW 27 PL  
GAINESVILLE FLORIDA  
32606

5704 NW 27 PL  
GAINESVILLE FL  
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5704 NW 27 PL  
GAINESVILLE FL  
32606

(Use attachment if necessary)

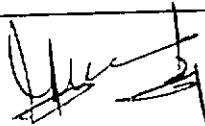
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SHARIR AHMAD

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)

**Scott, Tyrone K.**

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**From:** SHAKIR AHMED <shakirahmed@venus-usa.com>  
**Sent:** Thursday, April 9, 2020 2:26 PM  
**To:** Scott, Tyrone K.  
**Subject:** PIECC

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Dear Tyrone

Please make Changes as accordingly , as Per given,

**Authorized Person(s) Detail Name & Address**

Title MGR

ASAD, ADNAN  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title MGR

ASAD, ANJUM  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title AMBR

ASAD, SAVEELA  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title AMBR

ASAD, SEHAR  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title AMBR

ASAD, BABAR  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title AMBR

ASAD, SHUMAILA  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606

Title AMBR

ASAD, SCELLINA  
5704 NW 27TH PLACE  
GAINESVILLE, FL 32606