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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : T20050000118
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: erikaramirezcg@gmail.com

FLORIDA LIMITED LIABILITY CO.
PIPER'S SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 OCT -1 AM 10:56

Piper's Group
Services, LLC

2021 OCT -1 AM 9:09

850-617-6381

10/1/2021 7:09:44 AM PAGE 1/001 Fax Server



September 30, 2021

CORPLICENSE, INC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: PIPER'S GROUP, LLC
REF: W21000131075

Piper's Group Services, LLC

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H21000363575
Letter Number: 021A00023751

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
PIPER'S GROUP SERVICES, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

PIPER'S GROUP SERVICES, LLC

ARTICLE II - ADDRESS:

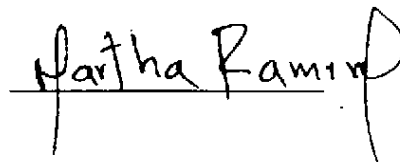
The mailing and principal address of the Limited Liability Company is:

**11700 SW 2nd street, Bldg. 13, Apt 201
Pembroke Pines, FL 33025**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **Martha Ramirez-Caballero**

**Martha Ramirez-Caballero
11700 SW 2nd Street, Bldg. 13, Apt 201
Pembroke Pines, FL 33025**



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.

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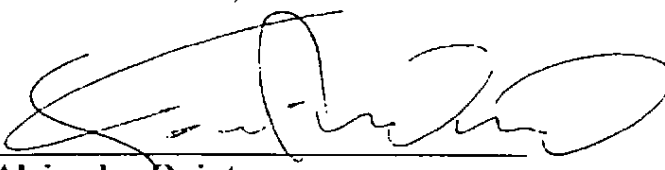
ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: **NAME AND ADDRESS**

MGR **ALEJANDRO QUINTERO**
11700 SW 2nd Street, Bldg. 13, Apt 201
Pembroke Pines, FL 33025

MGR **Martha Ramirez-Caballero**
11700 SW 2nd Street, Bldg. 13, Apt 201
Pembroke Pines, FL 33025


Alejandro Quintero
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

2021 OCT -1 AM 9:09

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