# L22000003950

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400378019884

01/06/22--01001--013 ++125.00

2022 JAN -5 PH 4: 15

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PIWILLC			
			<del></del>
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
<b></b>			Driving Record
Requested by:			UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick !	Jp	Courier

FILED

2022 JAN -5 PM 4: 15

## ARTICLES OF ORGANIZATION OF PIWI LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME

The name of the limited liability company is PIWI LLC, ("Company").

#### ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

2033 NE 14th Court

2033 NE 14th Court

Ft. Lauderdale, FL 33304

Ft. Lauderdale, FL 33304

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

D. Ross Bridger 6750 N. Andrews Ave, Suite 200 Ft. Lauderdale, Florida 33309

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..

/s/ D. Ross Bridger

D. Ross Bridger

### ARTICLE IV - MANAGER

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

Title:

"MGR" = MANAGER

Name and Address:

MGR

Bernard Wiriath 2033 NE 14<sup>th</sup> Court Ft. Lauderdale, FL 33304 PEONETARY OF STATE

REQUIRED SIGNATURE:

hernard wriath Man 5, 2022 12 39 EST

Signature of a member or an authorized representative of a member,

(In accordance with section 605,0203(1)(b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bernard Wiriath

Typed or printed name of signee