

M18000005357

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(City/State/Zip/Phone #)

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(Business Entity Name)

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W18-44338

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

JUN 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2018

AMY WILLIAMS
3555 N NEWTON ST
JASPER, IN 47546

SUBJECT: PIER GROUP LLC
Ref. Number: W18000049338

We have received your document for PIER GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000020822 - THE PIER GROUP, LLC.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 818A00010802

RECEIVED

2018 JUN -4 AM 10:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PIER Group LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amy Williams

Name of Person

PIER Group LLC

Firm/Company

3555 N. Newton St.

Address

Jasper, IN 47546

City/State and Zip Code

awilliams@piergroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Stafford

812 618-2044
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PIER Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

Partners In Education and Research Group LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")

2. Indiana 3. 823744210
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3555 N Newton Street 6. 3555 N Newton St.
(Street Address of Principal Office) (Mailing Address)
Jasper, IN 47546-1051 Jasper, IN 47546-1051

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 April Wittenwyler, Ast. Secretary
(Registered agent's signature)

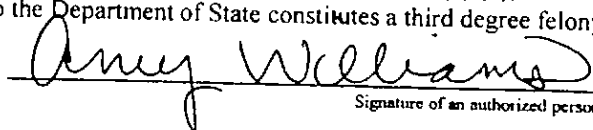
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|------------------------------|---------------------------|--------------------------|
| <u>CEO</u> | <u>Amy Williams</u> | _____ | _____ |
| _____ | <u>3555 N Newton St.</u> | _____ | _____ |
| _____ | <u>Jasper, IN 47546-1051</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.


Signature of an authorized person

Amy Williams

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

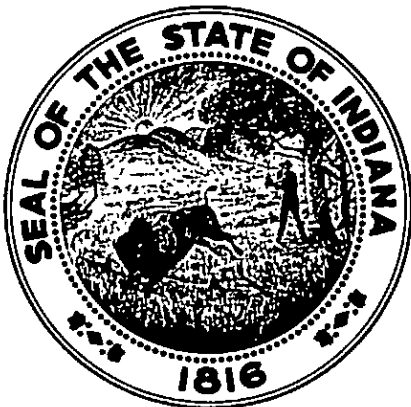
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PIER GROUP LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 14, 2017, and was in existence or authorized to transact business in the State of Indiana on May 04, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 04, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201712141228208 / 2018607002

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 03, 2018.