

MA1000007781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

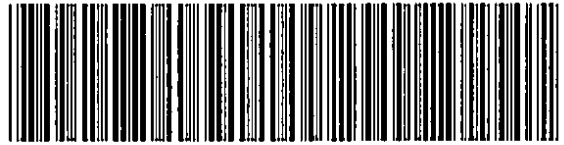
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900367662789

RECEIVED

JUN 17 2021

06/08/21--01006--023 \*\*160.00

FILED  
21 JUN -7 AM 10:54  
CLERK OF SUPERIOR COURT  
COUNTY OF FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIERCE GORE & ASSOCIATES, 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:

PIERCE GORE  
Name of Person  
PIERCE GORE & ASSOCIATES, LLC  
Firm/Company  
315 MONTGOMERY STREET, 10TH FLOOR  
Address  
SAN FRANCISCO, CA 94104  
City/State and Zip Code  
SANDYROSENTHAL62@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDY ROSENTHAL 850 837-6020  
Name of Contact Person at (Area Code) Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. PIERCE GORE & ASSOCIATES, LLC

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

2. SAN FRANCISCO, CA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2708409

(FBI 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. 315 MONTGOMERY STREET, 10TH FLOOR

(Street Address of Principal Office)

6. POB 6203

(Mailing Address)

SAN FRANCISCO, CA 94104

MIRAMAR BEACH, FL 32550

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

Name: PIERCE GORE

Office Address: 12870 US HWY 98 WEST

MIRAMAR BEACH

(City)

32550  
Florida

(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.

Pierce Gore

(Registered agent's signature)

FILED  
21 JUN -7 AM 10:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>PIERCE GORE</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>POB 6203</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MIRAMAR BEACH, FL 32550</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>SANDY ROSENTHAL</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>POB 6203</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>MIRAMAR BEACH, FL 32550</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Pierce Gore

Signature of an authorized person

Pierce Gore

Typed or printed name of signee



**California Secretary of State**  
**Electronic Certified Copy**

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify that the attached transcript of 1 page is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



**IN WITNESS WHEREOF**, I execute  
this certificate and affix the Great  
Seal of the State of California on  
this day of March 11, 2021

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

**SHIRLEY N. WEBER, Ph.D.**  
Secretary of State

Verification Number: GHZKDS  
Entity (File) Number: 202107010875

To verify the issuance of this Certificate, use the Verification Number above  
with the Secretary of State Electronic Verification Search available at  
[bizfile.sos.ca.gov](http://bizfile.sos.ca.gov)



**California Secretary of State**  
**Electronic Filing**

**FILED**

Secretary of State  
State of California

**LLC Registration – Articles of Organization**

Entity Name: Pierce Gore & Associates LLC

Entity (File) Number: 202107010875

File Date: 03/08/2021

Entity Type: Domestic LLC

Jurisdiction: California

**Detailed Filing Information**

1. Entity Name: Pierce Gore & Associates LLC
2. Business Addresses:
  - a. Initial Street Address of Designated Office in California: 315 Montgomery Street, 10th Floor  
San Francisco, California 94104  
United States
  - b. Initial Mailing Address: 315 Montgomery Street, 10th Floor  
San Francisco, California 94104  
United States
3. Agent for Service of Process: C T CORPORATION SYSTEM (C0168406)
4. Management Structure: All LLC Member(s)
5. Purpose Statement: The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

Electronic Signature:

The organizer affirms the information contained herein is true and correct.

Organizer: Pierce Gore

Certificate Verification Number: GHZKDS  
Use bizfile.sos.ca.gov to verify the certified copy.



**Secretary of State**  
**Statement of Information**  
(Limited Liability Company)

**LLC-12**

21-B47188

**FILED**

In the office of the Secretary of State  
of the State of California

MAR 16, 2021

**This Space For Office Use Only**

**IMPORTANT — Read instructions before completing this form.**

**Filing Fee — \$20.00**

**Copy Fees —** First page \$1.00; each attachment page \$0.50;  
Certification Fee — \$5.00 plus copy fees

**1. Limited Liability Company Name** (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

PIERCE GORE & ASSOCIATES LLC

**2. 12-Digit Secretary of State File Number**  
202107010875

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
CALIFORNIA

**4. Business Addresses**

<b>a. Street Address of Principal Office - Do not list a P.O. Box</b> 315 Montgomery Street, 10th Floor	<b>City (no abbreviations)</b> San Francisco	<b>State</b> CA	<b>Zip Code</b> 94104
<b>b. Mailing Address of LLC, if different than item 4a</b> 315 Montgomery Street, 10th Floor	<b>City (no abbreviations)</b> San Francisco	<b>State</b> CA	<b>Zip Code</b> 94104
<b>c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box</b> 315 Montgomery Street, 10th Floor	<b>City (no abbreviations)</b> San Francisco	<b>State</b> CA	<b>Zip Code</b> 94104

**5. Manager(s) or Member(s)**

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

<b>a. First Name, if an individual - Do not complete Item 5b</b> Ben	<b>Middle Name</b> F. Pierce	<b>Last Name</b> Gore	<b>Suffix</b>
<b>b. Entity Name - Do not complete Item 5a</b>			
<b>c. Address</b> 315 Montgomery Street, 10th Floor	<b>City (no abbreviations)</b> San Francisco	<b>State</b> CA	<b>Zip Code</b> 94104

**6. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL —** Complete Items 6a and 6b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name (if agent is not a corporation)</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box</b>			
	<b>City (no abbreviations)</b>	<b>State</b>	<b>Zip Code</b>
		CA	

**CORPORATION —** Complete Item 6c only. Only include the name of the registered agent Corporation.

**c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b**

C T CORPORATION SYSTEM (C0168406)

**7. Type of Business**

**a. Describe the type of business or services of the Limited Liability Company**  
Legal Services

**8. Chief Executive Officer, if elected or appointed**

<b>a. First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Address</b>			
	<b>City (no abbreviations)</b>	<b>State</b>	<b>Zip Code</b>

**9. The information contained herein, including any attachments, is true and correct.**

03/16/2021

Ben F. Pierce Gore

Pierce Gore & Associates

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip: