

M230000009414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

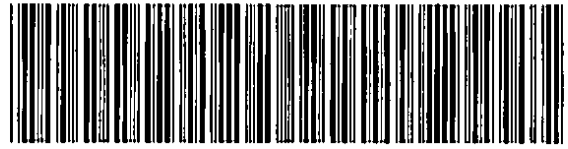
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23-98553

Office Use Only



900412337449

APPROVED
AND
FILED

2023 JUL 18 AM 10:07

SECRETARY OF STATE
HALL MARKS, 11000



2023 JUL 18 AM 11:12

JUL 21 2023
K. Brumbly



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2023

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: PIPER FIRE PROTECTION, LLC
Ref. Number: W23000098553

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

Founding Parter is not an acceptable title.,

Please return 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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 323A00016014

Received
07/20/23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 881435 4311859

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : July 18, 2023

ORDER TIME : 10:39 AM

ORDER NO. : 881435-010

CUSTOMER NO: 4311859

FOREIGN FILINGS

NAME: PIPER FIRE PROTECTION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Piper Fire Protection, 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. Delaware

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

3.

(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.)

13075 US Hwy 19 N

5. (Street Address of Principal Office)

Clearwater, FL 34240

13075 US Hwy 19 N

6.

(Mailing Address)

Clearwater, FL 34240

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2023 JUL 18 AM 10:07

APPROVED
AND
FILED

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.

Corporation Service Company

By: Alexis Weiland-Jensen, ACP

(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Joshua Kochen
☐ Member Address: 13075 US Hwy 19 N
☐ Authorized Clearwater, FL 34240
Person
☐ Other ☐ Other

☒ Manager Name: Richard Ennis
☐ Member Address: 13075 US Hwy 19 N
☐ Authorized Clearwater, FL 34240
Person
☒ Other CEO ☐ Other Assistant Secretary

☒ Manager Name: Donald O'Lone
☐ Member Address: 13075 US Hwy 19 N
☐ Authorized Clearwater, FL 34240
Person
☒ Other VP, Finance ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Alexander Stretton
☐ Member Address: 13075 US Hwy 19 N
☐ Authorized Clearwater, FL 34240
Person
☐ Other ☐ Other

☐ Manager Name: Christopher Johnson
☐ Member Address: 13075 US Hwy 19 N
☒ Authorized Clearwater, FL 34240
Person
☒ Other Director of Operations ☐ Other

☐ Manager Name: Joseph Buvel
☐ Member Address: 13075 US Hwy 19 N
☐ Authorized Clearwater, FL 34240
Person
☒ Other CFO ☐ Other Treasurer
Other: Secretary

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.

Joseph Buvel

Signature of an authorized person

Joseph Buvel

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPER FIRE PROTECTION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPER FIRE PROTECTION, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7558376 8300

SR# 20233016162

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203764495

Date: 07-18-23