

A04000000612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

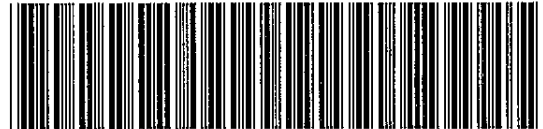
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 APR 16 PM 1:18
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


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04 APR 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN
PICK UP 4/16 

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TALLAHASSEE, FLORIDA

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Limited Partnersh

1.) Pioneer Partners #11, Ltd.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

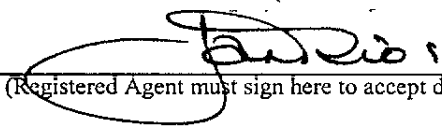
4.) _____
(CORPORATE NAME & DOCUMENT #)

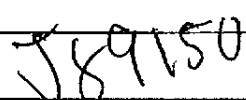
5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

CERTIFICATE OF LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


1. PIONEER PARTNERS #11, LTD
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 29296 US HWY 19 N. SUITE 104 CLEARWATER, FL 33761
(Business address of Limited Partnership)
3. JAN RIOS, PRESIDENT
(Name of Registered Agent for Service of Process)
4. 29296 US HWY 19 N. SUITE 104 CLEARWATER, FL 33761
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 29296 US HWY 19 N. SUITE 104 CLEARWATER, FL 33761
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2025
8. Name(s) of general partner(s): _____ Street address: _____
- | | |
|--|-------------------------------------|
| <u>PIONEER TITLE, INC</u> | <u>29296 US HWY 19 N. SUITE 104</u> |
| <u></u> | <u>CLEARWATER, FL 33761</u> |

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15TH day of APRIL, 2004.

Signature of all general partners:

<u> Pres</u>	_____
General Partner <u>PIONEER TITLE INC</u>	General Partner
_____	_____
General Partner	General Partner
_____	_____
General Partner	General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
Pioneer Partners #11, Ltd. _____ ,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 12,000.00 .

Signed this 14th day of April , 2004 .

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner