

LDZ0000030630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

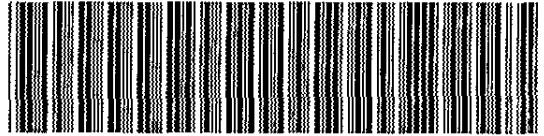
(Business Entity Name)

(Document Number)

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

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11-15-02



ACCOUNT NO. : 072100000032

REFERENCE : 818175 7357028

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 13, 2002

ORDER TIME : 4:42 PM

ORDER NO. : 818175-001

CUSTOMER NO: 7357028

CUSTOMER: Mr. James A. Fullarton  
Mr. James A. Fullarton

2308 Foxboro Way

Tallahassee, FL 32309

DOMESTIC FILING

NAME: PIONEER SOLUTIONS LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
NOTED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PIONEER SOLUTIONS LLC

## ARTICLE II - Address:

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

2308 FOXBORO WAY, TALLAHASSEE, FL 32309

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City, State, and Zip

*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 608, F.S.*

Corporation Service Company

By:

Registered Agent's Signature

Lynette Coleman  
as its agent

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LYNETTE COLEMAN

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PIONEER SOLUTIONS LLC

MEMBER LIST

JAMES A. FULLARTON =  
2308 FOXBORO WAY =  
TALLAHASSEE, FLORIDA 32309

sxk

AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LIMITED POWER OF ATTORNEY

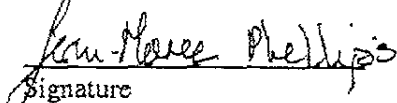
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PIONEER SOLUTIONS LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 14 day of November, 2002

  
Signature

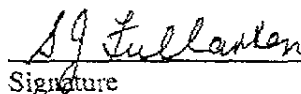
JAMES A. FULLANTON  
Print Name of Signer

WITNESS:

  
Signature

Jean-Marie Phillip's  
Print Name of Witness

WITNESS:

  
Signature

SUSANNA J FULLANTON  
Print Name of Witness

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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