

**L04 0000 35 228**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

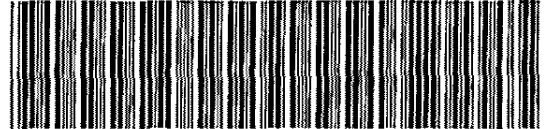
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**600034425006**

05/03/04--01081--001    \*\*125.00

RECEIVED  
TALLAHASSEE, FLORIDA

04 MAY - 3 AM 11:09

**FILED**

*5/10/04  
just*

**HESSION & FERRANTE**

ATTORNEYS AT LAW

P.O. Box 16718

JACKSONVILLE, FLORIDA 32245-6718

E-MAIL: HESSION@HESSIONLAWFIRM.COM

TELEPHONE: (904) 247-8989

FACSIMILE: (904) 247-7003

FRANK W. HESSION  
LAURA L. FERRANTE \*+

\*Board Certified Workers' Compensation  
+Supreme Court Certified Circuit Mediator

April 29, 2004

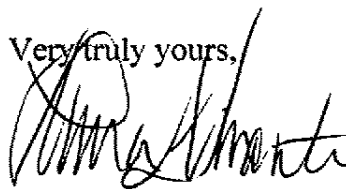
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Pioneer Partners, LLC

Dear Sirs:

Enclosed please find the Articles of Organization for the above Limited Liability Company as well as my check for \$125.00 for the filing fee and fee for Designation of the Registered Agent. Should you require anything further from me in forming this LLC, please do not hesitate to give me a call.

Very truly yours,



Laura L. Ferrante

LLF/cb  
enclosure

PARALEGAL  
VICKY SWANN

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -3 AM 11:09

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 MAY -3 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pioneer Partners, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

436 Jacksonville Drive

Jacksonville Beach, Florida 32250

**Mailing Address:**

(same)

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

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

Laura L. Ferrante

Name

436 Jacksonville Drive

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

Jacksonville Beach

FLORIDA 32250

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Peter J. Rodrigues  
248 Levy Road  
Atlantic Beach, Fl 32233

MGMR

Robert E. Perrett  
248 Levy Road  
Atlantic Beach, Fl 32233

MGMR

Laura L. Ferrante  
436 Jacksonville Drive  
Jacksonville Beach, Fl 32250

MGMR

Robert H. Hendricks  
2207 Sawgrass Village Drive  
Ponte Vedra Beach, Fl 32082

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Laura L. Ferrante

\_\_\_\_\_  
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)**