

LD4000069444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

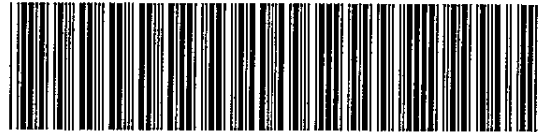
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LD4-69444  
OK

9-20-04

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PIONTEK & ASSOCIATES, LLC  
(Name of Limited Liability Company)

EFFECTIVE DATE,  
9/20/04  
(SEE ARTICLE V)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA A. PIONTEK  
(Name of Person)

PIONTEK & ASSOCIATES, LLC  
(Firm/Company)

4104 NE 21<sup>ST</sup> AVENUE  
(Address)

EFFECTIVE DATE,  
9/20/04

FT LAUDERDALE, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA PIONTEK at 704 578-7334  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PIONTER & ASSOCIATES, LLC

EFFECTIVE DATE, 9/20/04

**ARTICLE II - Address:**

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

**Principal Office Address:**

4104 NE 21ST AVE  
FT LAUDERDALE, FL  
33308

**Mailing Address:**

4104 NE 21ST AVE  
FT LAUDERDALE, FL  
33308

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

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

PATRICIA A. PIONTER  
Name

4104 NE 21ST AVE

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

FT LAUDERDALE, FLORIDA 33308

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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

9-20-04

**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

MGRM

**Name and Address:**

PATRICIA A. PIONTEK  
4104 NE 21ST AVE  
FT LAUDERDALE, FL 33308

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Patricia A. Piontek*

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.)

PATRICIA A. PIONTEK

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)

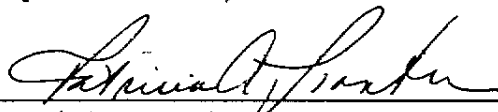
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SEE  
ATTACHED  
ARTICLE  
STATE  
TALLAHASSEE  
FLORIDA

**Article V Request for Effective Date**

**This is to request the effective date of**

**Piontek & Associates, LLC  
4104 NE 21<sup>st</sup> Avenue  
Ft Lauderdale, Florida 33308**

**to be:  
September 20, 2004**

  
\_\_\_\_\_  
**Patricia A. Piontek**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA