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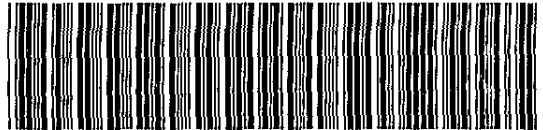
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6/1/05

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCOTT T. PIERCE, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

PATRICIA A. CORNETT, ATP  
(Name of Person)

PROFESSIONAL TAX & BUSINESS SERVICES  
(Firm/Company)

13339 CORTEZ BLVD.  
(Address)

BROOKSVILLE FL 34613-4888  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA A. CORNETT, ATP at ( 352 ) 597-3460  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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 Scott T. Pierce, LLC.

Article II – Address

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

Principal Office Address

5158 Cyril Drive  
Ridge Manor FL 33523

Mailing Address

5158 Cyril Drive  
Ridge Manor FL 33523

Article III – Registered Agent, Registered Office & Registered Agent's  
Signature

Scott T. Pierce, 5158 Cyril Drive, Ridge Manor FL 33523

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.

  
REGISTERED AGENT

Article IV – Manager or Managing Member

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

Manager    Scott T. Pierce  
                  5158 Cyril Drive  
                  Ridge Manor FL 33523

Article V – Effective Date

The effective date of this Limited Liability Company, Scott T. Pierce, LLC, is June 1, 2005.

*Scott T. Pierce*  
MANAGER

5/23/05  
DATE

SCOTT T. PIERCE  
PRINTED NAME OF SIGNEE

STATE OF FLORIDA

COUNTY OF HERNANDO

Before me personally appeared SCOTT T. PIERCE, personally known to me and known to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purpose therein expressed. Witness my hand and seal this 23rd day of MAY, 2005

*Patricia A. Cornett*  
PATRICIA A. CORNETT  
Notary Public

My Commission Expires: 4/25/2006



Patricia A. Cornett  
MY COMMISSION # DD085920 EXPIRES  
April 25, 2006  
BONDED THRU TROY FAIN INSURANCE, INC.