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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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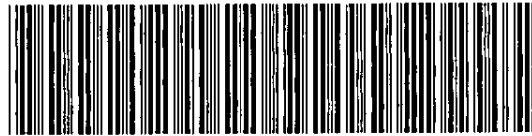
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 16 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIONEER HOMES 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:

Robert O. Marks, Esq.

Name of Person

Smith Mackinnon, PA

Firm/Company

255 South Orange Avenue, Suite 800

Address

Orlando, FL 32801

City/State and Zip Code

bob@smithmackinnon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert O. Marks, Esq.

Name of Person

at (407) 843-7300

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)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

**ARTICLE I
NAME**

The name of this Limited Liability Company (the "Company") is: **PIONEER HOMES
LLC.**

**ARTICLE II
ADDRESS**

The mailing address of the Limited Liability Company is:
124 Terra Mango Loop, Suite A
Orlando, Florida 32835

The principal office address of the Limited Liability Company is:
124 Terra Mango Loop, Suite A
Orlando, Florida 32835

**ARTICLE III
INITIAL REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

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

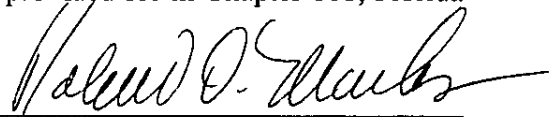
Robert O. Marks, Esq.
255 South Orange Avenue, Suite 800
Orlando, Florida 32801

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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.

(Sign)



Robert O. Marks
Registered Agent

ARTICLE IV
MANAGEMENT

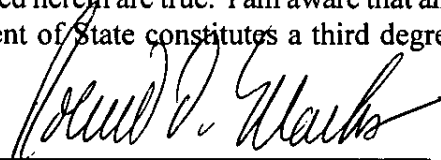
The name and address of each Manager is as follows:

Franco Scala
Manager
124 Terra Mango Loop, Suite A
Orlando, Florida 32835

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TALLAHASSEE, FLORIDA

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Sign)



Robert O. Marks
Authorized Representative