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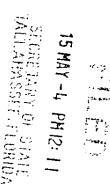
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pioneer Publishing UC 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:
J. Brent Ash
Name of Person
Firm/Company
16296 27th Rd
Address
Lake City FL 32024 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brent Ash at (386) 867-4080 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:			
(Must end v	er Publis oith the words "Limited L	hing LLL iability Empany, "L.	1 L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Limited Liab	ility Company is:	
Principa	Office Address:		Mailing Address:	
16296 274 Care City,	n Rd FC 31674	1629 Lar	e City FC 3	7024
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	annot serve as its own R	egistered Agent. You r		al or
The name and the Florida street a	dress of the registered a	gent are:		
	API	CIL ASH		
]	Name		
	16296	274h Rd		
	Florida street address (P.O. Box NOT accept	able)	
	- lake (ity FL 3	32024	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	hereby accept the appoint visions of all statutes rela	ntment as registered ag uting to the proper and	ent and agree to act in this complete performance of n	capacity. I ny duties, and I
	\mathcal{A}	1000		AG A
	Register	ed Agent's Signature (I	REQUIRED)	- 6 5
	1	(CONTINUED)		REPARK
		Page 1 of 2		

Title: "AMBR" = Auti	norized Member	Name and Address:	
"MGR" = Mana		Brent Ash	
		lave City, Fi 37024	
	 		
	ate, if other than the date of fi		
LE V: Effective defective date is list of filing.) If the date inserted	ate, if other than the date of fi ed, the date must be specific in this block does not meet	c and cannot be more than five business days prior to the applicable statutory filing requirements, this date v	or 90 day
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ARTICLE IV-