

L15000098292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 JUL 24 P 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015
14:00

COVER LETTER²

TO: Registration Section
Division of Corporations

SUBJECT: PIONEER DEVELOPMENT SERVICES 1, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JARROD M. SCHARBER, ESQUIRE

Name of Person

WALLER & SCHARBER, P.A.

Firm/Company

38038 MERIDIAN AVE

Address

DADE CITY, FL 33525

City/State and Zip Code

NICOLI.GRIFFITH@AHSS.ORG

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

For further information concerning this matter, please call:

MELISSA SCHARBER

Name of Person

at (**352**)

Area Code

567-4690

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E138 (2/14)

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TALLAHASSEE, FLORIDA

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: PIONEER DEVELOPMENT SERVICES 1, LLC

SECOND: The Florida Document Number of the limited liability company is: L15000098292

THIRD: The street address of the limited liability company's principal office is:

2700 HEALING WAY, STE 320

WESLEY CHAPEL, FL 33543

The mailing address of the limited liability company's principal office is:

2700 HEALING WAY, STE 320

WESLEY CHAPEL, FL 33543

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

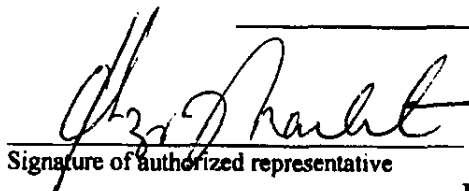
a. Granted to: AUTHORIZED MEMBERS: SYED ALI AND KHIZZAR SHAUKAT

b. No authority granted to: N/A

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: AUTHORIZED MEMBERS: SYED ALI AND KHIZZAR SHAUKAT

b. No authority granted to: N/A


Signature of authorized representative

Khizzar Shaukat
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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