

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L180000056223050**

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CALINDBERG@VKGROUP.COM

**FLORIDA LIMITED LIABILITY CO.  
Pierre Family Partners, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H18000005622 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **Pierre Family Partners, LLC****ARTICLE II - Address:**

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

**4609 Vineland Road  
Orlando, Florida 32811****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

W. Michael Clifford

Name

301 E. Pine St., Ste. 1400  
Florida street address (P.O. Box NOT acceptable)Orlando, Florida 32801  
City, State, and Zip

*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 605, F.S.*

  
Registered Agent's Signature: **W. Michael Clifford****Article IV - Management:**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name and address of each person authorized to manage and control the Limited Liability Company are:

**Title:**

"AMBR" = Authorized Member

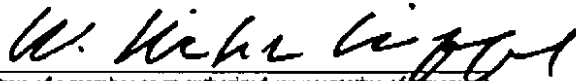
"MGR" = Manager

**Name and Address:**

Manager

**Karla M. VanKampen-Pierre  
4609 Vineland Road  
Orlando, Florida 32811**

Manager

**Scott R. Pierre  
4609 Vineland Road  
Orlando, Florida 32811****REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.  
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.)

W. Michael Clifford, Authorized Representative

Typed or printed name of signee

**Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent; \$ 30.00 Certified Copy (Optional); \$5.00  
Certificate of Status (Optional)

H18000005622 3