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то:	New Filing Section
	Division of Corporations

Pioneer Direct Primary Care, PLLC

SUBJECT:

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:

Andrew C. Grant, Esq.

Name of Person

Chiumento Dwyer Hertel Grant & Kistemaker, P.L.

		Firm/Co	ompany		
	145 City Place, Suite 301				
Address					
	Palm Coast, FL 32164				
	- <u></u>	City/State ar	nd Zip Code		
	RachelScheerer@gmail.com				
	E-mail address: (to be us	sed for future :	annual report notificat	lion)	
For further	information concerning this matter, ple	ase call:			
	Caroline McNeil	386	445-8900 ext 102		
	Name of Person	Area Code	Daytime Telephor	ne Number	
	is a check for the following amount: Filing Fee S130.00 Filing Fee & Certificate of Status		00 Filing Fee & [led Copy al copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclos	
	<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente		8: 30

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR PIONEER DIRECT PRIMARY CARE, PLLC a Florida Professional Limited Liability Company

The undersigned, an authorized representative of a Member, desiring to form a professional limited liability company under and pursuant to Florida Statute, Chapter 621, does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME

The name of this company shall be PIONEER DIRECT PRIMARY CARE, PLLC ("Company").

ARTICLE II - ADDRESS OF PRINCIPAL OFFICE

The street and mailing address of the company is 28 River Ridge Trail, Ormond Beach, Florida 32174.

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent and office for this company is as follows: Andrew C. Grant, Esq., Chiumento Dwyer Hertel Grant & Kistemaker, P.L., 145 City Place, Suite 301, Palm Coast, Florida 32164.

ARTICLE IV - MANAGEMENT

The business of the Company shall be managed by the Managers and the names and addresses of the Managers are:

<u>Name</u>

Rachel Scheerer

Scott Scheerer

Address

28 River Ridge Trail

28 River Ridge Trail Ormond Beach, FL 32174

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ARTICLE V – PURPOSE

The purpose of the Company is to practice medicine.

ARTICLE VI – ADOPTION OF OPERATING AGREEMENT

The Company may adopt an Operating Agreement for the Company, which Operating Agreement may contain any provision for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization or Chapter 621, Florida Statutes.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a Member has hereunto set her hand and seal this $\underline{14}$ day of \underline{Meg} , 2018.

ANDREW GRANT, ESQ. Authorized Representative of a Member

Having been named as registered agent and to accept service of process for the above stated professional 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.

CHIUMENTO DWYER HERTEL GRANT & KISTEMAKER, P.L.

Bv:

ANDREWC. GRANT, ESQ. REGISTERED AGENT DATED this **7** day of May 2018

