

M190000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

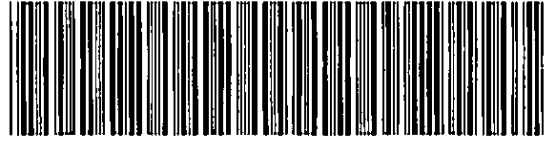
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/20/19--01005--022 \*\*125.00

2019 MAR 20 PM 5:30  
FILED  
MAR 20 2019

3-28-19  
DX



Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed herewith, an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with payment for filing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen Neese Adams", with a long horizontal flourish extending to the right.

Ellen Neese Adams, Business Manager

Pioneer Portable Buildings, LLC

P.O. Box 8

Paris, Tennessee 38242

Phone: (731) 641-4223

Email: [ellen@pioneerbuildings.com](mailto:ellen@pioneerbuildings.com)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pioneer Portable Buildings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ellen Neese Adams

\_\_\_\_\_  
Name of Person

Pioneer Portable Buildings, LLC

\_\_\_\_\_  
Firm/Company

118 East Washington Street

\_\_\_\_\_  
Address

Paris, Tennessee 38242

\_\_\_\_\_  
City/State and Zip Code

ellen@pioneerbuildings.com

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

For further information concerning this matter, please call:

Ellen Neese Adams

731

641-4223

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pioneer Portable Buildings LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. Tennessee 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.005, F.S., to determine penalty liability)

5. 118 E. Washington St 6. PO Box 8  
(Street Address of Principal Office) (Mailing Address)

Paris TN 38242 Paris TN 38242

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Legal Services, LLC

Office Address: 155 Office Plaza Drive, Suite A

Fallahassee 32301  
(City) (Zip code)  
\_\_\_\_\_, Florida \_\_\_\_\_

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lisa Zamo  
(Registered agent's signature)

2019 MAR 20 PM 5:30  
RECEIVED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Ellen Neese Adams

☐ Member Address: 314 N Market St

☐ Authorized Paris, TN 38242

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: William R. Neese

☒ Member Address: 314 N Market St

☐ Authorized Paris, TN 38242

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Jeffrey Berryhill

☒ Member Address: 118 E Washington St

☐ Authorized Paris, TN 38242

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Andrew Lundberg

☒ Member Address: 314 N Market St

☐ Authorized Paris, TN 38242

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

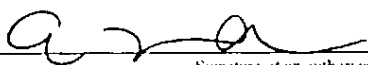
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

Ellen Neese Adams, Manager  
Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

January 9, 2019

**ELLEN NEESE ADAMS**  
ELLEN NEESE ADAMS  
314 N MARKET ST  
PARIS, TN 38242

**Request Type: Certificate of Existence/Authorization**  
Request #: 0301763

Issuance Date: 01/09/2019  
Copies Requested: 1

**Document Receipt**

Receipt #: 004448194 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3747429003 \$20.00

**Regarding: Pioneer Portable Buildings, LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 10/26/2018  
Status: Active  
Duration Term: Perpetual  
Business County: HENRY COUNTY

Control #: 992085  
Date Formed: 10/29/2018  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Pioneer Portable Buildings, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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