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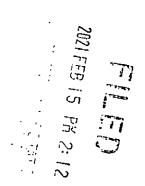
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PIONEER FUTURES, IN	NC.
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence." or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the ess in Florida.
Please return all correspondence concerning this matter	r to the following:
PAUL REICHENBERG	in the contract of the contrac
Name of	
PAUL M. REICHENBERG	
Firm/Con	npany
18 LAWRENCE COURT	77 72
TENAFLY NJ 07670	
•	and Zip code
preichenbe@aol.com	for future annual report notification)
For further information concerning this matter, please	·
PAUL REICHENBERG at (201	, 266-8160
Name of Person Area Coc	_/
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$\sumsymbol{\subset}\$ \$70.00 Filing Fee \$\sumsymbol{\subset}\$ \$78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Date of incorporation) (Date first transacted business (SEE SECTIONS 607.1501 & 607.1501 & Francipal of (Principal of	
(Date of incorporation) (Date first transacted business (SEE SECTIONS 607.1501 & 607.155 EAST 44TH STREET NEW YOI (Principal of (Current mail)) Name and street address of Florida registered agent: (P. Name: REGISTERED AGENTS I	(Date of duration, if other than perpetual) in Florida, if prior to registration) 1502, F.S., to determine penalty liability) RK NY 10017 fice street address)
(Date of incorporation) (Date first transacted business (SEE SECTIONS 607.1501 & 607.15	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) RK NY 10017 fice street address)
Name and street address of Florida registered agent: (P. Name: REGISTERED AGENTS I	RK NY 10017 Tice street address) U
Name and street address of Florida registered agent: (P. Name: REGISTERED AGENTS I	
Name and street address of Florida registered agent: (P. Name: REGISTERED AGENTS I	ing address, if different)
Name: REGISTERED AGENTS I	O. Dan MOT annumental
7901 4TH ST N STE 300	
OT DETERORIDO	0
S1. PETERSBURG	
(City)	(Zip code)
Registered agent's acceptance: laving been named as registered agent and to accept servesignated in this application, I hereby accept the appoint arther agree to comply with the provisions of all statutes and I am familiar with and accept the obligations of my p	tment as registered agent and agree to act in this capo relative to the proper and complete performance of n
Bel Have	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: _____ Chairman □ Chairman Name: 155 East 44th St NY NY 10017 ☐ Vice Chairman Address: Address: ☐Vice Chairman □ Director □ Director **NEIL CITRONE** □ President President ☐Vice President □Vice President □Treasurer □Treasurer □ Secretary □Secretary □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman Chairman ☐ Vice Chairman Address: □Vice Chairman Address: _____ Director Director □President □ President □Vice President ☐ Vice President __ ☐ Treasurer, □ Secretary □Treasurer □ Secretary Other □Other ___ □Other ____ □Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President □Vice President □Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary Other _____ Other _____ □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. Trolle. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

NEIL CITRONE

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PIONEER FUTURES, INC. was filed on 04/02/1987, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 07/13/1993.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of January two thousand and twenty-one.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State