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| (Re | questor's Name) | |
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| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
| | | |
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| | | |

Office Use Only



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SALESSEE FIGURE



TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00 Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Hoffmeier Accounting 5101 NW 21st Ave.

Suite 200

Ft Lauderdale, FL 33309 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | | | | |
|--|--------------|---------------------------|--------------------|-----------|
| ARTICLE I NAME The name of the corporation shall be: | | | | |
| Pioneer Financial Resources, I | ,nc | - | | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3937 Hammock Rd Mims, FL 32754 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Insurance/financial services | | | | |
| ARTICLE IV SHARES The number of shares of stock is: | | | | |
| 100 | | | _ | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): | | | 05 JAN 21 PM 1: 24 | |
| Steve Green | | HAKO GESTI HASSEE, FLO | 2 | = |
| 3937 Hammock Rd | | # <u>\$</u> | PH | ED |
| Mims, FL 32754 | | LORDA | 1: 24 | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is: | | | | |
| Steve Green | | | | |
| 3937 Hammock Rd Mims, FL 32754 | | | | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | | | | |
| Steve Green 3937 Hammock Rd | | | | |
| Mims, FL 3275Y | **** | ***** | **** | *** |
| Having been named as registered agent to accept service of process for the above stated corp certificate. I am familiar with and accept the appointment as registered agent and agree to act i | oration at l | the place des. | ignatea | l in this |
| | | · | | |
| | | -28. | کہ ⊸ ⊸ | |
| Signature/Registered Agent | Date | | | |
| HODA) | 12 | 28-0 | 4 | |
| Signature/Incorporator | Date | | | |