

P130000001035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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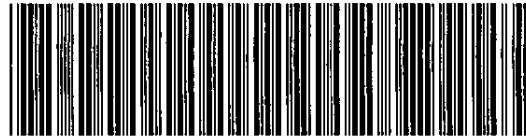
(Business Entity Name)

(Document Number)

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

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12 DEC 31 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: **Pioneer Investment Corporation**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Robert M. Croasmun**

Name (Printed or typed)

**2494 Tomoka Farms Rd**

Address

**Port Orange, FL 32128**

City, State & Zip

**386-679-0607**

Daytime Telephone number

**pioneerinvest@bellsouth.net**

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

**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 Investment Corporation**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2494 Tomoka Farms Rd  
Port Orange, Fl 32128

Mailing address, if different is:  
P.O. Box 291367  
Port Orange, Fl 32129

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Development of real estate, leasing and Joint Ventures**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert M. Croasmun  
Address: 2494 Tomoka Farms Rd  
Port Orange, Fl 32128

Name and Title: Diana D. Croasmun  
Address: same

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert M. Croasmun  
Address: 2494 Tomoka Farms Rd  
Port Orange, Fl. 32128

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert M. Croasmun  
Address: 2494 Tomoka Farms Rd  
Port Orange, Fl 32128

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**TALLAHASSEE FLORIDA**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

January 2, 2013  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

January 2, 2013  
\_\_\_\_\_  
Date