

P/4000015871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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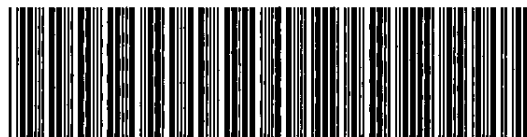
(Business Entity Name)

(Document Number)

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

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FILING OFFICE  
TALLAHASSEE, FL 32304

K 02/20/14

**COVER LETTER**

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

SUBJECT: PIONEER MHS CO.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: ANTHONY I. BLISS  
Name (Printed or typed)

5325 NW 49 CT.  
Address

COCONUT CREEK, FLORIDA 33073  
City, State & Zip

954 275-8645  
Daytime Telephone number

DOWPORT1963@yahoo.com  
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 MHS CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

301 NORTH TUBB ST.  
SUITE G.  
OAKLAND, FLORIDA 34760

5325 NW 49 CT.  
COCONUT CREEK.  
FLORIDA 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MOBILE HOME SALES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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TALLAHASSEE, FLORIDA

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

Name and Title: ANTHONY J. BLISS PRES.

Name and Title: ANTHONY J. BLISS V.P.

Address 5325 NW 49 CT.  
COCONUT CREEK.  
FLORIDA 33073

Address: "same"

Name and Title: ANTHONY J. BLISS PRES.

Name and Title: ANTHONY J. BLISS. SECT

Address "same"

Address: "same"

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ANTHONY J. BLISS

Address: 5325 NW 49<sup>TH</sup> CT.

COCONUT CREEK, FLORIDA 33073

RECEIVED  
FEB 19 2014  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTHONY J. BLISS

Address: 5325 NW 49<sup>TH</sup> CT.

COCONUT CREEK, FLORIDA 33073

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

Anthony J. Bliss

Required Signature/Registered Agent

ANTHONY J. BLISS

2-18-14

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.

Anthony J. Bliss

Required Signature/Incorporator

ANTHONY J. BLISS

2-18-14

Date