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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973 : (305)675-5944

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION PIONEER STORAGE SYSTEMS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

PIONEER STORAGE SYSTEMS INC	<u></u>
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	9 A E
1445 MARTINIQUE CT	31°
WESTON F1 33326,	
	08108
ARTICLE III SHARES: The number of shares of stock is: 100	- •
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
NELSON VAREAS. (P)	
	
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	<u> </u>
The name and Florida street address (PO Box not acceptable) of the registered ag	ent is:
NELSON VARGAS.	
1445 MARTINIQUE CT	
WESTON FL 3332G.	
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	itor is:
NELSON VARGAS.	
1445 MARTINIQUE CT.	
WESTON FL 33326.	

Required Signatures:

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

Registered Agent

03-12/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the folse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ipeorporator

03-12

)ate