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(Business Entity Name)

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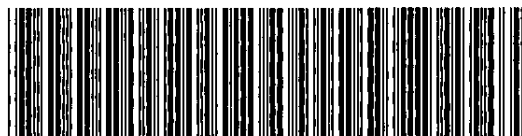
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COVER LETTER

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

SUBJECT: MVM PIONEERS, INC.

(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MITCHELL KINGSLEY
Name (Printed or typed)

16454 NW 20th STREET
Address

MIRAMAR, FL 33028
City, State & Zip

954-646-9133
Daytime Telephone number

CINIJE@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: MVM PIONEERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16454 NW 20th STREET

MIRAMAR, FL. 33028

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEMORABILIAS AND MORE.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @\$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MITCHELL KINGSLEY - PRESIDENT

Address: 16454 NW 20TH STREET

MIRAMAR, FL. 33028

Name and Title: _____

Address: _____

Name and Title: VICTORIA KINGSLEY - VICE PRESIDE

Address: 16454 NW 20TH STREET

MIRAMAR, FL. 33028

Name and Title: _____

Address: _____

Name and Title: MAEVE KINGSLEY - CEO

Address: 16454 NW 20TH STREET

MIRAMAR, FL. 33028

Name and Title: _____

Address: _____

15 APR 30 AM 11:10
NOTARY PUBLIC
STATE OF FLORIDA

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: CHARLES INIJE

Address: 16454 NW 20TH STREET

MIRAMAR, FL. 33028

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MITCHELL KINGSLEY

Address: 16454 NW 20TH STREET

MIRAMAR, FL. 33028

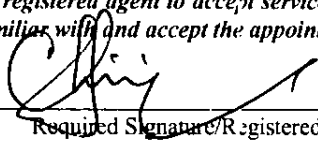
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

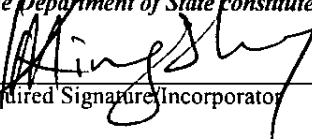


Required Signature/Registered Agent

04/24/2015

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

04/24/2015

Date