

TRANSMITTAL  
**P99000007314**

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

600002747756--5  
-01/20/99-01057-003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Pioneer Towing And Recovery Services, Inc.  
(Proposed corporate name must include suffix)

Enclosed is 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: James Michael Penzel  
Name (Printed or typed)

4209 SE 5<sup>th</sup> Street  
Address

Ocala Fl. 34471  
City, State & Zip

352-694-7771  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 20 AM 11:02

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

1-26  
WS

**ARTICLES OF INCORPORATION**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 20 AM 11:02

**ARTICLE I**

The name of the corporation shall be: Pioneer Towing And Recovery Services, Inc.

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

4209 SE 5th Street  
Ocala, Fl. 34471

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 (One Thousand)

**ARTICLE IV**

The name and florida street address of the initial registered agent are:

James Michael Penzel  
4209 SE 5th Street  
Ocala, Fl. 34471

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99 JAN 20 AM 11:02

ARTICLE V

The name and address of the incorporator to these articles of incorporation are:

James Michael Penzel  
4209 SE 5th Street  
Ocala, Fl. 34471

James M. Penzel  
Signature/ Incorporator

1-10-99  
Date

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

James M. Penzel  
Signature/Registered Agent

1-10-99  
Date