TRANSMITTAL LETTER

P00000114554

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

		·				
Enclosed	d is an origina	l and one(1) copy of the article	es of incorporation and a	check for :		
	☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: PAT MCBRIJE BREON INJUSTAJES INC.						
5524 INJEPENDENCE CT: -12/11/0001143024 Address ******87.50 *****87.50						
Punta forda, FL. 33982 City, State & Zip						
		941-8	8 626-3168	SECRETARY TALLAHASSI	00 DEC 1	

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)					
ARTICLE I NAME The name of the corporation shall be:	•				
BREON INJUSTRIES INC.					
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
5524 INDEPENDENCE CT. Punta Gonda, FL. 33982	00 SEC				
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	FILED DEC II AN 8: I PRETARY OF STATE LAHASSEE, FLORIDA				
	OF ST				
ARTICLE IV SHARES The number of shares of stock is: 2000	NOA COLOR				
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):					
Pat Mc Bride					
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:					
PAT MCBRISE 5524 INDEPENDENCE CT. PUNTA GORDA FL. 33982					
ARTICLE VII INCORPORATOR					
The <u>name and address</u> of the Incorporator is: Pot M CB Ride					
5524 INJEPENDENCE CT PUNTO GORDO, FC. 33982 ************************************	*******				
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					
Parilmy 12	110/00				
Signature/Registered Agent Date	,				

ARTICLES OF INCORPORATION

Signature/Incorporator