

P04000021680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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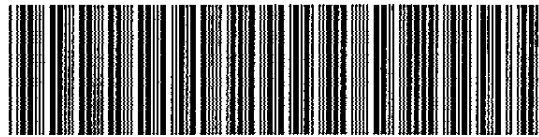
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000026729130

01/14/04--01047--012 **78.75

EFFECTIVE DATE
1-7-04

FILED
04 JAN 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

~~1001-1001~~

2-3

TRANSMITTAL LETTER

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

SUBJECT: BREEN Enterprise Corp.
(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: LISA BREEN
Name (Printed or typed)

60 Kelleys Trl.
Address

Oldsmar FL 34677
City, State & Zip

727-458-5608
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 23, 2004

LISA BREEN
60 KELLEYS TRL
OLDSMAR, FL 34677

SUBJECT: BREEN ENT.
Ref. Number: W04000002984

We have received your document for BREEN ENT. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 504A00004237

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: ~~BREEN ENT.~~
LISA BREEN ENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
60 Kelleys Trl
Oldsmar FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
VENDING CO.

ARTICLE IV SHARES

The number of shares of stock is: 100

EFFECTIVE DATE
1-7-04

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):
LISA BREEN - President
60 Kelleys Trl
Oldsmar FL 34677

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOHN BREEN
60 Kelleys Trl
Oldsmar FL 34677

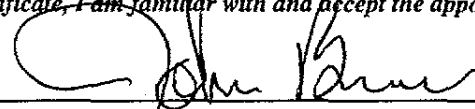
ARTICLE VIII
EFFECTIVE DATE:
~~1-7-04~~
1-7-04

ARTICLE VII INCORPORATOR

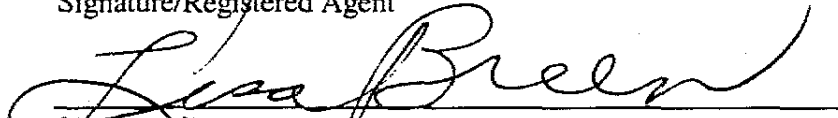
The name and address of the Incorporator is:

LISA BREEN
60 Kelleys Trl
Oldsmar FL 34677

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


Signature/Registered Agent

1-4-04
Date


Signature/Incorporator

1-4-04
Date

FILED
04 JAN 14 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA