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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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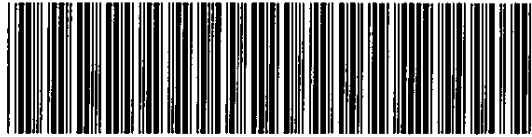
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: REYNA ENTERPRISES, INCORPORATION

(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
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: MATTHEW A. REYNA
Name (Printed or typed)

P.O. BOX 5300 5390
Address

IMMOKALEE, FL. 34143
City, State & Zip

239-229-3377
Daytime Telephone number

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:

REYNA ENTERPRISES, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1500 O'QUINN ROAD / P.O. BOX 5309

IMMOKALEE, FL. 34143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MATTHEW A. REYNA

PRES./V.PRES./TREA/SEC

P.O. Box 5309
Immokalee, Fl. 34143

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MATTHEW A. REYNA
1500 O'QUINN ROAD
IMMOKALEE, FL. 34143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MATTHEW A. REYNA
1500 O'QUINN ROAD
IMMOKALEE, FL. 34143

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

Matthew A. Reyna
Signature/Registered Agent

Matthew A. Reyna
Signature/Incorporator

2/25/08
Date

2/25/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA