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SECRETARY OF STATE.

J. Shivere OCT 13 2009

COVER LETTER

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

SUBJECT:	Broken Pine Enterprises, Inc. (PROPOSED CORPORATE NAME—MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:	
☑ \$70.00 Filing Fcc	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	
	المدرا			
FROM:	Name (Printed or typed)			
	2420 Reynolds Rd.			F12
	Lakeland, FL 33801			
	City, State & Zip			
		Telephone number	> 6	วั
		er@verizon.net		
	-mail address: (to be us	ed for future annual report	notrtication)	

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: Broken Pine Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2420 Revnolds Rd. Lakeland, FL 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ecommerce, Online Products and Services

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):

Director- Judy H. Conner

2420 Reynolds Rd.

Lakeland, FL 33801

ARTICLE VI REGISTERED AGENT

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

Judy H. Conner

2420 Reynolds Rd.

Lakeland, FL 33801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judy H. Conner

2420 Reynolds Rd.

Lakeland, FL 33801

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/Incorporator