## P1000008799/

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(Address)
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(Document Number)
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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Mario Pena, Inc.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Mario Pena	ne (Printed or typed)
2423 Academy Cir E A	ot 103 Address
Kissimmee, Florida 34	744 y, State & Zip
407 312 6224  Daytime	Telephone number
mariopena 2@yahoo.c	om sed for future annual report notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2010

MARIO PENA 2423 ACADEMY CIR E APT 103 KISSIMMEE, FL 34744

SUBJECT: MARIO PENA, INC. Ref. Number: W10000048516

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

Please list the complete principal address.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 110A00024448

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

Address:  Name and Title: Address:	2	PRINCIPAL OFFICE  Principal street address 423 Academy Cir. E Apt. 103 issimmee, FL 34744	Mailing address	
Mame and Title: Address:  Name and Title: Address: Address: Address:  Name and Title: Address: Address: Address:  Name and Title: Address: Address: Address: Address:  Name and Title: Address:	The purpose for w	hich the corporation is organized is:		
Name and Title: Address:  Name and Title: Address: Address:  TICLE VI REGISTERED AGENT LIBRUE and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Address: 2423 Academy Cir. F. Apt. 103 Kissimmee, FI. 34744	Start a busine	ess as a chauffeur for a limousine s	ervice.	
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19 me and Radress of the Incorporator is:		<del></del>	•	
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Nume: Mario Pena	The name and Flo Name: Address: ARTICLE VII The name and add	rida street address (P.O. Box NOT acceptable) Mario Pena 2423 Academy Cir. F. Apt. 103 Kissimmee, Fl. 34744  INCORPORATOR Iress of the Incorporator is: Mario Pena 2423 Academy Cir. E. Apt. 103	<u> </u>	
	Address:		<del></del>	
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Kissimmee, FL 34744  ing been numed as registered agent to accept service of process for the above stated corporation at the place designated in	uis certificate, i ai	n familiar with and accept the appointment as i	registered agent and agree to act in	this capacity
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Kissimmee, FL 34744  ing been named as registered agent to accept service of process for the above stated corporation at the place designated is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		Required Signature/Registered Agent	<del></del>	Date
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Kissimmee, FL 34744  Ing been named as registered agent to accept service of process for the above stated corporation at the place designated is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	submit this docu	ment and affirm that the facts stated herein	ire true. I am aware that the falso	e information submitted i
Kissimmee, FL 34744  Ing been named as registered agent to accept service of process for the above stated corporation at the place designated is certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	tocument to the D	eparament of State constitutes a third degree fel	ony as provideu jar in s.817.133, F.	.J.
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