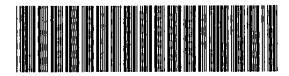
P150000 13701

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		,		



600269016496

02/02/15--01028--020 **78.75

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

Office Use Only

× 02/10/15

Hena Brothers Corp 10560 Jepson Street Orlando, FL 32825

January 26, 2015

RE: Corporation name /Pena Brother's Corp. (P13000096220)

To Whom It May Concern:

I <u>Cristian A Pena</u> President of Pena Brother's Corp. hereby confirm that I would not renew the old corporation. Therefore, I would like to request, if possible, the use of the name (Pena Brothers Corp.) for my new corporation. I have included the new application and payment along with this letter.

I appreciate the time and help with this matter and look forward to hearing from you soon.

Please call me at the number below if you need additional information.

Sincerely,

Cristian A. Peña

407-968-6469

Cristian2275@gmail.com

15 FEB -2 PM 4: 11

COVER LETTER

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

SUBJECT: PENA BROTHERS CORP					
SUBJECT: PENA BROTHERS CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the	articles of incorporation an	d a check for:			
□ \$70.00 □ \$78.75	\$78.75	\$87.50			
Filing Fee Filing Fee	Filing Fee	Filing Fee,			
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status			
	ADDITIONAL CO				
ADDITIONAL COPY REQUIRED					
FROM: CRISTIAN A PENA					
Na Na	ame (Printed or typed)	<u></u>			
,					
10560 Jepson Street	Address				
	Address				
01226 7 7267					
<u>Orlando, FL 32825</u> Ci	ity, State & Zip				
	•				
(407) 968-6474					
Daytim	e Telephone number				
Crichian 2075 @ annoil do	۸۸				
<u>Cristian 2275 @ gmail. Cor</u> E-mail address: (to be	used for future annual report	notification)			

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)

RTICLE II PI	RINCIPAL OFFICE Principal street address		Mailing address, if different	is:	
0560 Jepso	Street				
rlando, FL	<i>3</i> 282 <i>5</i>			,- . ,	
RTICLE III PU e purpose for whic	repose h the corporation is organized is: Any or	nd all Law	Ful business.		
	,				
				<u> </u>	UNIS SE
				ם מ	⊃ :
	of stock is: 1	_		EB -2 PH 4: 11	ETARY OF STATE
TICLE V IN	of stock is: 1 ITIAL OFFICERS AND/OR DIRECTOR tle: CRISTIAN A PENA - President	Name and Title:		2 2	RETARY OF STAIL
number of shares	of stock is: 1	Name and Title:		2 2	RETARY OF STATE
TICLE V IN Name and Ti Address	of stock is: 1 ITIAL OFFICERS AND/OR DIRECTOR tle: CRISTIAN A PENA - President 10560 Jepson Street	Name and Title: Address:		-2 PH 4: 11	
TICLE V IN Name and Ti Address	of stock is: 1 ITIAL OFFICERS AND/OR DIRECTOR Ile: CRISTIAN A PENA - President 10560 Jepson Street Orlando, FL 32825	Name and Title: Address: Name and Title: Address:		-2 PH 4: 11	
Name and Titl Address Name and Titl Address	of stock is: 1 ITIAL OFFICERS AND/OR DIRECTOR tle: CRISTIAN A PENA - President 10560 Jepson Street Orlando, FL 32825 e:	Name and Title: Address: Name and Title: Address:		-2 PH 4: 1	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	of the registered agent is:
Name:	Cristian A. PEÑA:	_
Address:	10560 Jepson Street	
	Orlando, FL 32825	SFE
ARTICLE VII	INCORPORATOR	FILEI RETARY ROF COR B -2 P
The <u>name and ac</u>	Idress of the Incorporator is:	PH 4:
Name:	Cristian A. PEÑA	
Address:	10560 Jepson Street	
	Orlando, FL 32825	<u> </u>
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Required Signature/Registered Agent	
	Required Signature/Registered Agent	Date
I submit this document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		1/29/2015
	Required Signature/Incorporator	Date