Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION CHARLIE BROWN ENTERPRISES, INC

Certificate of Status	0		
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE 1 NAME: The name of the corporation is:

		-		
A	RTICLE II PRINCU	ALOFF	CE:	
The pr	incipal street address and 500 N STATE RD. 7	_	nddress is:	
	HOLLYWOOD, FL 3	3021		
ARTICLE III SHA	RES: The number of sha	res of stoo	k is:	100
ARTICLEIV	INITIAL DIRECTI			
CA	rlos enrique nin jr	(Pr	esider	7+)
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-	MAL REGISTERED A			
The name and Florida s	treet address (PO Box no 500 N STATE RD 7 AP	-	le) of the re	gistered ager
	HOLLYWOOD FL 330	21		,
Martin	110BE1 1100B 12 230			
Carlos E	nrique 1	Jin	Jr.	
	orporator: The na	me and ad	dress of the	Incorporato
ARTICLE VI INC	ORPORATOR: The national CARLOS ENRIQUE	me and ad	dress of the	Incorporato
ARTICLE VI INC	orporator: The na	me and ad	dress of the	Incorporato

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SECRETARY OF STATE TALLAHASSEE PLORIDA

Required Signatures:

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

Registered Agent 3-10-2015

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

3-10-2015

Date