TRANSMIT	TAL LETTER SS	
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
SUBJECT: Anthony A Pena (Proposed corpora	Ate name must include suffix 000029165885-06/28/99-01033-018 (******70.00 ******70.00	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: Anthony A Porn, Name (Pr	inted or typed)	
680 CAPRI L	Shel address	
	SEC. SEC.	

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

727- 367-30 Z.O.

Daytime Telephone number





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 30, 1999

ANTHONY A PERNA JR 680 CAPRI BLVD.

FT LAUDERDALE, FL 33706 _ TROPSULO L'S/ANOL

SUBJECT: ANTHONY A PERNA JR

Ref. Number: W99000015251

We have received your document for ANTHONY A PERNA JR and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Please return the 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) 487-6878.

Letter Number: 299A00034601

Alan Crum Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a co Business Corporation Act, hereby adopts the following Article:	
ARTICLE I NAME The name of the corporation shall be:	SECRE TALLAH TALLAH
Anthony A PERNA JR Inc	
ARTICLE II PRINCIPAL OFFICE	OF S. FL
The principal place of business and mailing address of this	s corporation shall be:
680 CAPRI Blud	A A A
TI, FT 3370 6	6 → 1
ARTICLE III SHARES	A commence of the commence of
The number of shares of stock that this corporation is auth	norized to have outstanding at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENTHE THE name and Florida street address of the initial registered for the initial registered fo	ed agent are:
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Article	les of Incorporation are:
Anthony A PERNAJR	
656 CAPRI Blud	
•	
TI, FI 33706	6-20-99
May H Ven h	- :
Signature/Incorporator	Date
(An additional article must be added	l if an effective date is requested.)
Having been named as registered agent and to accept service of prothis certificate, I hereby accept the appointment as registered agent the provisions of all statutes relating to the proper and complete probligations of my position as registered agent	and agree to act in this capacity. I further agree to comply with erformance of my duties, and I am familiar with and accept the
May A Kong L	6-20-99.
Signature/Registered Agent	Date