TRANSMITTALLETTER 9563

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

400003011114--6 -10/11/99--01079--005 *****78.75 *****78.75

SUBJECT:	(Proposed corporate name - must include suffix)			
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	_
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED	
FROM:	Jose G. Brenes		SE GNI ALLA	F1 1990CT
	Name (Printed or typed) 216 Morningside Loop		HASSEE,	TILED
	Address Valrico, FL 33594-3634		STATE FLORIDA	ILEU
	City, State & Zip			
	(813) 651-5547 Daytime Telephone number			

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

PH 11/59

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Brenes Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

216 Morningside Loop Valrico, FL 33594-3634

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JoseGulllermo Brenes Aka Joseph William Brenes 216 Morningside Loop Valrico, FL 33594-3634

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Jose Guillermo Brenes Aka Joseph William Brenes 216 Morningside Loop Valrico, FL 33594-3634

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Consillermo Brener

Signature/Registered Agent