

12/12/22 1:05 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: john@breakny.us

FOREIGN PROFIT/NONPROFIT CORPORATION**Breaking Solutions, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

S. FRANKLIN
DEC 13 2022
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Breaking Solutions, Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware
(State or country under the law of which it is incorporated)
3. 90-0507844
(FED number, if applicable)
4. 5/26/2009
(Date of incorporation)
5. Perpetual
(Date of duration, if other than perpetual)
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2871 N Ocean Blvd Suite R360, Boca Raton, Florida 33431
(Principal office street address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Chris Das, AVP, Business Filings Incorporated
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

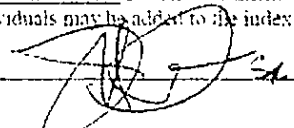
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A. DIRECTORS

☐ Chairman	Name: <u>John Amorosano</u>	☐ Chairman	Name: _____
☐ Vice Chairman	Address: _____	☐ Vice Chairman	Address: _____
☒ Director	<u>2871 N Ocean Blvd Suite R360</u>	☐ Director	_____
☒ President	<u>Boca Raton, Florida 33431</u>	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____
☐ Chairman	Name: _____	☐ Chairman	Name: _____
☐ Vice Chairman	Address: _____	☐ Vice Chairman	Address: _____
☐ Director	_____	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____
☐ Chairman	Name: _____	☐ Chairman	Name: _____
☐ Vice Chairman	Address: _____	☐ Vice Chairman	Address: _____
☐ Director	_____	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.

13. John Amorosano, President
(Typed or printed name and capacity of person signing application.)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BREAKING SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4691212 8300

SR# 20224226803

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205056788

Date: 12-09-22