

N13000001862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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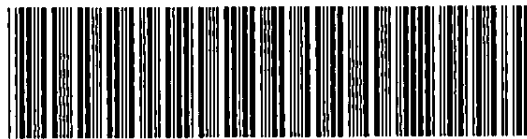
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Lucky Break Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Betsy R. Coville DVM
Name (Printed or typed)

510 Stratfield Drive
Address

Wt FL 33549
City, State & Zip

813-949-1808
Daytime Telephone number

BCelephant@aol.com
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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lucky Break Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
510 stratfield Drive
Wt2 FL 33549

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mentoring at risk youth

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Director will be appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betsy Coville DVM Pres
Address: 510 stratfield Drive
Wt2 FL 33549

Name and Title: Brant Triest Treasurer
Address: 29100 Northwestern Hwy Suite 290
Southfield MI 48034

Name and Title: Lisa Wancio Sec
Address: 602 Stratfield Drive
Wt2 FL 33549

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Betsy R. Coville DVM
Address: 510 stratfield Dr
Wt2 FL 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Betsy Coville DVM
Address: 510 stratfield Drive
Wt2 FL 33549

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

Betsy N. Coville
Required Signature of Registered Agent

2/22/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Betsy N. Coville
Required Signature of Incorporator

2/22/13
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA