

N15 000006949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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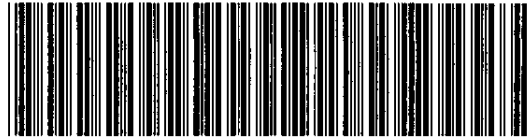
(Business Entity Name)

(Document Number)

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7/20/15

## COVER LETTER

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

**SUBJECT:** Broken Yet Whole, 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:** Tequila Gamble  
\_\_\_\_\_  
Name (Printed or typed)

941 SW 7th Court  
\_\_\_\_\_  
Address

Florida City, Florida 33034  
\_\_\_\_\_  
City, State & Zip

(305) 975-8557  
\_\_\_\_\_  
Daytime Telephone number

tequilagamble@yahoo.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: Broken Yet Whole, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
941SW 7th Court

Florida City, FL 33034

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation s organized and operated exclusively for charitable, religious,  
educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section  
of any future federal tax code. Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes  
within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be  
distributed to the federalgovernment, or to a state or local government for a public purpose.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors will be  
nominated and majority vote required of present members at the annual election meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michelle Mitchell, President

Address: 941 SW 7th Court  
Florida City, FL 33034

Name and Title: Angie Gregg

Address: 941 SW 7th Court  
Florida, City, FL 33034

Name and Title: Debbie Jenkins, Vice President

Address: 941 SW 7th Court  
Florida City, FL 33034

Name and Title: Tequila Gamble, CEO

Address: 941 SW 7th 7th Court  
Florida City, FL 33034

Name and Title: Charley Jones, Secretary

Address: 941 SW 7th Court  
Florida City, FL 33034

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2015 JUL 13 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Tequila Gamble  
Address: 941 SW 7th Court  
Florida City, FL 33034

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Tequila Gamble  
Address: 941 SW 7th Court  
Florida City, FL 33034

**ARTICLE VIII EFFECTIVE DATE:** 06/20/2015

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature of Registered Agent

6/19/2015  
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.*

  
Required Signature of Incorporator

6/19/2015  
Date