

N15000007236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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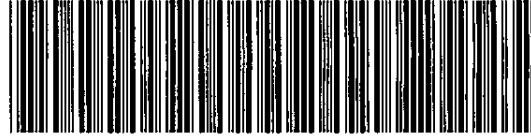
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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7/28/15

## COVER LETTER

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

**SUBJECT:** Breaking Silence, 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:** Kenneth Culbreth  
\_\_\_\_\_  
Name (Printed or typed)

6439 John Alden Way  
\_\_\_\_\_  
Address

Orlando, Florida 32818  
\_\_\_\_\_  
City, State & Zip

321-363-6352  
\_\_\_\_\_  
Daytime Telephone number

breakingsilence@gmail.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: Breaking Silence, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
6439 John Alden Way

Orlando, Florida 32818

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation Is Organized Exclusively For Charitable and Health  
Awareness Purposes Withn The Meaning Of Section 501(C)(3) Of The Internal Revenue

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

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

Name and Title: Kenneth Culbreth, President

Address: 6439 John Alden Way  
Orlando, Fl 32818

Name and Title: John Harris, Director

Address: 2306 Mountain Way  
Apopka, Fl 32712

Name and Title: Cryatal Rollins, VP

Address: 6438 County Road 561  
Clermont, Fl 32714

Name and Title: Kendrick Jackson, Treasurer

Address: 12821 Parksbury Drive  
Orlando, Fl 32828

Name and Title: Leamon A. Caldwell, Jr, Secretary

Address: 1518 W. 1st Street  
Turner, TX 75701

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

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

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JUL 21 PM 1:55  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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:

Kenneth Culbreth

Name: \_\_\_\_\_

6439 John Alden Way

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

Orlando, Florida 32818

**ARTICLE VII INCORPORATOR**

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

Kenneth Culbreth

Name: \_\_\_\_\_

6439 John Alden Way

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

Orlando, Florida 32818

**ARTICLE VIII EFFECTIVE DATE:**

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

06/29/2015

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

06/29/2015

Date