

PD1000057869

FILED

Requester's Name

01 JUN -7 PM 5:43

Address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

KARYN SORCI  
9656 NW 7<sup>TH</sup> CIRCLE #1823  
PLANTATION, FL 33324

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 400004375724--D  
-05/07/01--01073--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

6 ✓  
D. WHITE JUN 11 2001

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**

**BREATHE EASY, INC.**

**FILED**

01 JUN -7 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

BREATHE EASY, INC

**ARTICLE II PRINCIPAL OFFICE**

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

9656 N.W. 7<sup>TH</sup> CIRCLE #1823

PLANTATION, FL 33324

**ARTICLE III CAPITAL STOCK**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

KARYN SORCI  
9656 NW 7<sup>TH</sup> CIRCLE #1823  
PLANTATION, FL 33324

**ARTICLE V – INCORPORATORS**

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: KARYN SORCI

Address: 9656 NW 7 TH CIRCLE # 1823

City: PLANTATION State: FL Zip: 33324

Name:

Address:

City: State: Zip:

Name:

Address:

City: State: Zip:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 31\_\_\_\_ day of \_MAY\_, 200\_1\_

Karyn Sorci (Seal)  
\_\_\_\_ (Seal)  
\_\_\_\_ (Seal)

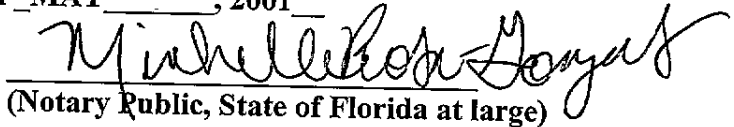
STATE OF \_FLORIDA\_ ) SS  
COUNTY OF \_BROWARD\_ )

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

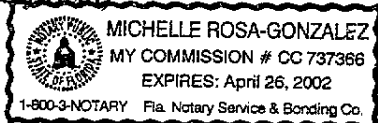
KARYN SORCI

Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that \_KARYN SORCI\_ executed these Articles Of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State  
and County aforesaid, this 31 day of MAY, 2001

  
(Notary Public, State of Florida at large)

(Notary Seal)



My Commission expires: April 26, 2002

**B. Officers:**

**President: KARYN SORCI**

**Address: 9656 NW 7<sup>TH</sup> CIRCLE #1823  
PLANTATION, FL. 33324**

**Vice President:**

**Address:**

**Secretary: KARYN SORCI**

**9656 NW 7 TH CIRCLE # 1823  
PLANTATION, FL. 33324**

**Address:**

**Treasurer:**

**Address:**

(If needed, you may attach an addendum to the application listing additional  
officers and/or directors.)

**Name and Street address of Florida registered agent:**

**Name: KARYN SORCI**

**Office Address: 9656 NW 7<sup>TH</sup> CIRCLE # 1823**

**City: PLANTATION**

**State: FL Zip: 33324**

**Registered agent's acceptance:**

**Having been named as registered agent and to accept service of process for the  
above state corporation at the place designated in this application, I hereby**

accept the appointment as registered agent and 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.

Registered agent's signature: Karyn Sorci

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.

Karyn Sorci  
(Signature of Chairman, Vice Chairman, or any officer listed in application)

KARYN SORCI, PRESIDENT  
(Name and capacity of person signing application)

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **BREATHEEASY, INC.**
2. The name and address of the registered agent and office is:

KARYN SORCI  
(Name)

9656 NW 7<sup>TH</sup> CIRCLE # 1823  
(P.O. Box NOT Acceptable)

PLANTATION, FL. 33324  
(City/State/Zip)

Signature: Karyn Sorci

Title: PRESIDENT

Date: **MAY 31, 2001**

Having been named as registered agent and to accept service of process for the above state 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: Lauren Jovi

Date: MAY 31, 2001

REGISTERED AGENT FILING FEE: \$35.00

**FILED**  
01 JUN -7 PM 5:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA