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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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F. CHESSER

NOV 18 2003

## TRANSMITTAL LETTER

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

SUBJECT: Breathe with Ease 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Betty Box

Name (Printed or typed)

319 Glennidge RD

Address

Perry, FL 32348

City, State & Zip

850-584-5208

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Breathe with Ease INC. & F. Perry

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6010 HP Padgett RD  
Perry, FL 32348

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Independ Diagnosis Center

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Betty Box 319 Glenridge RD. Perry, FL 32348

Secretary: Karen Brock 6052 HP Padgett RD Perry, FL 32348

James Box: Directors P.O. Box 418 Perry FL 32348

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

James Box 319 Glenridge RD Perry, FL 32348

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

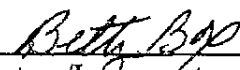
Betty Box 319 Glenridge RD  
Perry, FL 32348

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

11-17-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-17-03  
\_\_\_\_\_  
Date

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA