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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	. MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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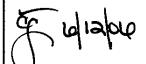


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SECRETARY OF STATE
SECRETARY OF STATE



## TRANSMITTAL LETTER

FILED

06 JUN -9 PN 1: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32315

SUBJECT: BREAKING FREE GOD'S WAY, INC

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

١

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM:

MICHELLE MUSCO

Name (Printed or typed)

4300 LEXINGTON AVE.

Address

FORT MYERS, FL 33905

City, State & Zip

239-407-3798

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)

FILED

ARTICLE I NAME

The name of the corporation shall be BREAKING FREE GOD'S WAY, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4300 LEXINGTON AVE.

FORT MYERS, FLORIDA 33905

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

FIVE Hundred (500) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address:

MICHELLE MUSCO 4300 LEXINGTON AVE. FORT MYERS, FL 33905

ARTICLE VI REGISTERED AGENT

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

MICHELLE MUSCO 4300 LEXINGTON AVE. FORT MYERS, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is MICHELLE MUSCO

> 4300 LEXINGTON AVE, FORT MYERS, FL 33905

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

Date

11400

Date

Signature/Incorporator