

PO9000002459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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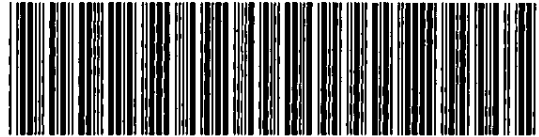
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JAN -5 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/12/09

COVER LETTER

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

SUBJECT: Breakin Par, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: L Samir Jallad

Name (Printed or typed)

1830 W. Fawsett Rd,

Address

Winter Park, FL 32789

City, State & Zip

407 - 257 - 7894

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:

Breakin Par, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street Address: 1830 W. Fawsett Rd, Winter Park, FL 32789

Mailing Address: P O Box 2235, Winter Park, FL 32790-2235

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transact general business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

L Samir Jallad, 1830 W. Fawsett Rd, Winter Park, FL 32789, President

ARTICLE VI REGISTERED AGENT

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

L Samir Jallad

1830 W. Fawsett Rd, Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

L Samir Jallad

1830 W. Fawsett Rd, Winter Park, FL 32789

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

1/1/2009

Date



Signature/Incorporator

1/1/2009

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA