

711000010083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2011 JAN 31 2011  
CLERK

W11-3660

## COVER LETTER

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

**SUBJECT:** SunBreeze, 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: Matt Kossler

Name (Printed or typed)

1330 West Ave. Unit 2004

Address

Miami Beach, FL 33139

City, State & Zip

(562) 212-1108

Daytime Telephone number

mattkossler@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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**

**Drip Cloud Corp.**

The name of the corporation shall be:

**ARTICLE II   PRINCIPAL OFFICE**

Principal street address  
**1330 West Ave. Unit 2004**  
**Miami Beach, FL 33139**

Mailing address, if different is:

**ARTICLE III   PURPOSE**

The purpose for which the corporation is organized is:

I am setting up this corporation for my yet to be paid real estate commissions. This is not a business of any kind.

**ARTICLE IV   SHARES**

The number of shares of stock is:

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

Name and Title: **Matt Kossler - President/CEO**  
Address: **1330 West Ave. Unit 2004**  
**Miami Beach, FL 33139**

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

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

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

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

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

**ARTICLE VI   REGISTERED AGENT**

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

Name: **Matt Kossler**  
Address: **1330 West Ave. Unit 2004**  
**Miami Beach, FL 33139**

**ARTICLE VII   INCORPORATOR**

The name and address of the Incorporator is:

Name: **Matt Kossler**  
Address: **1330 West Ave. Unit 2004**  
**Miami Beach, FL 33139**

*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/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

\_\_\_\_\_  
Date

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