

P11000025405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

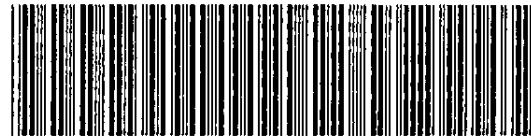
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/11--01063--003 **78.75

FILED
11 MAR -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/15/11

COVER LETTER

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

SUBJECT: Breads 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Adam Branger

Name (Printed or typed)

3615 NE 207th St. Apt. 3202

Address

Aventura Florida 33180

City, State & Zip

305-467-7897

Daytime Telephone number

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

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: Breads Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3615 NE 207th St. Apt 3202
Aventura, Florida 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Branger-President
Address: 3615 NE 207th St. Apt 3202
Aventura, Florida 33180

Name and Title: _____
Address: _____

Name and Title: Talia Rubin-Secretary
Address: 3615 NE 207th St. Apt 3202
Aventura, Florida 33180

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:

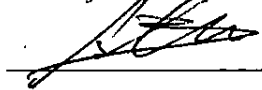
Name: Adam Branger
Address: 3615 NE 207th St. Apt 3202
Aventura, Florida 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam Branger
Address: 3615 NE 207th St. Apt 3202
Aventura, Florida 33180

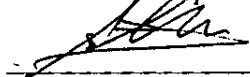
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/1/11
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

3/1/11
Date

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11 MAR -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA