

P13000099470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

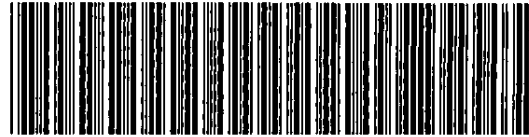
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/27/13--01013--007 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 12 PM 4:19

2553-611  
W13000065771

of 12/16/13

**COVER LETTER**

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

**SUBJECT: Total Break Room Solutions**

(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: Leonard L. McPherson**

Name (Printed or typed)

**6835 Narcoossee Rd Ste 4**

Address

**Orlando FL 32822**

City, State & Zip

**407-694-2140**

Daytime Telephone number

**quicksnacks@cfl.rr.com**

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

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2013

LEONARD L. MCPHERSON  
6835 NARCOOSSEE ROAD  
SUITE 4  
ORLANDO, FL 32822

SUBJECT: TOTAL BREAK ROOM SOLUTIONS, INC  
Ref. Number: W13000065771

RECEIVED  
13 DEC 12 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TOTAL BREAK ROOM SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 513A00027423

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

EFFECTIVE DATE 01/01/14

ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

Total Break Room Solutions, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

6835 Narcoossee Rd

Ste 4

Orlando Fl 32822

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit - Corporate Cafe's, and OCS Coffee Sales

EFFECTIVE DATE: JAN 1st 2014

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Leonard L McPherson - P

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

Address 6835 Narcoossee Rd

Address: \_\_\_\_\_

Ste 4

Orlando Fl 32822

Name and Title: Veronica McPherson - V

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

Address 6835 Narcoossee Rd

Address: \_\_\_\_\_

Ste 4

Orlando Fl 32822

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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

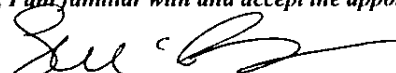
Name: LEONARD L. McPHERSON  
Address: 6835 NARCOOSSEE RD STE 4  
ORLANDO FL 32822

**ARTICLE VII INCORPORATOR**

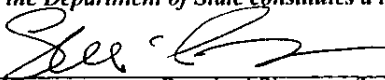
The **name and address** of the Incorporator is:

Name: Leonard McPherson  
Address: 6835 Narcoossee Rd Ste 4  
Orlando FL 32822

*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*

 11-25-2013  
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.*

 11-25-2013  
Required Signature/Incorporator Date

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