

P14000036358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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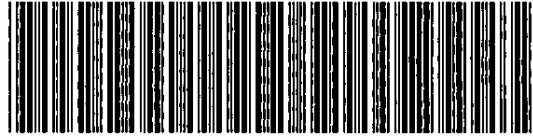
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 APR 22 PM 4:37

cc 4/25 an

COVER LETTER

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

SUBJECT: Breaking Debt, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: James Emiliani

Name (Printed or typed)

606 Timber Bay Cir. E

Address

Oldsmar, FL 34677

City, State & Zip

908-500-5608

Daytime Telephone number

james.emiliani@outlook.com

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

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

ARTICLE I NAME

The name of the corporation shall be: Breaking Debt, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

606 Timber Bay Cir E
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is being created to acquire, rennovate, resell
and rent out specific properties for profit. The properties will range from investment homes to retail outlets, where
the corporations stake in each transaction will vary from either a direct sale of a property or a unique rental opportunity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Emiliani (Owner + CEO)

Address: 606 Timber Bay Cir E
Oldsmar, FL 34677

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(conti.)

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: James Emiliani

Address: 606 Timber Bay Cir E
Oldsmar, Fl 34677

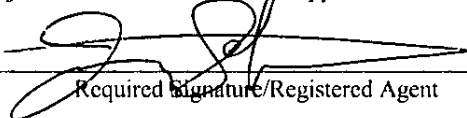
ARTICLE VII INCORPORATOR

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

Name: James Emiliani

Address: 606 Timber Bay Cir E
Oldsmar, Fl 34677

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

4/17/2014

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

4/17/2014

Date