

P 14 000043565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

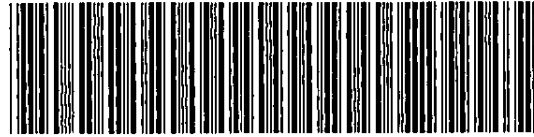
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY 15 PM 1:52
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 15 AM 11:00

5/14/14

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Cloud Break Holdings Inc

Signature

Requested by: SETH

05/15/14

Name

Date

Time

Walk-In

Will Pick Up

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☐ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

COVER LETTER

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

SUBJECT: Cloud Break Holdings 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: Neal L. Sandberg

Name (Printed or typed)

2650 Biscayne Boulevard

Address

Miami, FL 33137

City, State & Zip

(305) 576-1300

Daytime Telephone number

nsandberg@miami-law.net

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: Cloud Break Holdings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4045 Sheridan Avenue, Suite 225

Miami Beach, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: stockholding company.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harrison Katzen, Pres, Name and Title: _____

Address 4045 Sheridan Avenue, Suite 225 Address: _____

Miami Beach, FL 33140 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 15 AM 11:00

(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: Neal L. Sandberg, Esquire

Address: 2650 Biscayne Boulevard

Miami, FL 33130

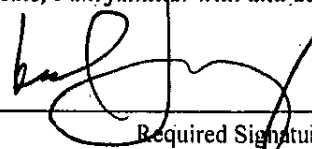
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Neal L. Sandberg, Esquire

Address: 2650 Biscayne Boulevard
Miami, FL 33137

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

5/14/14

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.

NEAL SANDBERG

Required Signature/Incorporator

Date 5/14/2014