## P15000027116

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	-		
(Business Entity Name)	<del></del>		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
WAS-14274			

Office Use Only



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SECRETARY OF STATE
TAIL AHASSEF SI ORIDA



VA

## **COVER LETTER**

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

SUBJECT: BRE	EAKTHROUGH (	CORP	
	(PROPOSED CORPORAtion of the article) in all and one (1) copy of the article)	ATE NAME – <u>MUST INCL</u>	
Enclosed are all orig	mai and one (1) copy of the art	icles of incorporation and	Ta 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:	Kevin C. Murray
10171.	Name (Printed or typed)
	1140 Cedar Creek Way
•	Address
	Davie, FL 33325
	City, State & Zip
	954 675 2835
,	Daytime Telephone number
_	kmurray1519@gmail.com

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



February 26, 2015

KEVIN C. MURRAY 1140 CEDAR CREEK WAY DAVIE, FL 33325

SUBJECT: BREAKTHROUGH CORP

Ref. Number: W15000014274

We have received your document for BREAKTHROUGH CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00004097

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

The name of the corpora	tion shall be: BREAKTHROUGH	H CORP	FlatOut	<u>Fitnes</u>	s, Ir
article ii pri 1140 Cedar C	NCIPAL OFFICE Principal street address reek Way		Mailing address, if diffe	erent is:	
Davie FL 333					
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is:	e services tha	it allow you to reach	n your potential	]
					-
he number of shares of	TIAL OFFICERS AND/OR DIRECTOR			15 MAR 18 SECRETARY TALLAHASSEE	FIL
Name and Title	Kevin C. Murray, Owner	_ Name and Title	e:	79 P	
Address	1140 Cedar Creek Way	_ Address:		33 Ci	Ĭ,
	Davie FL 33325	_			
Name and Title:		Name and Title	B:		
Name and Title:		_ Address:	2:		
Address		_ Address: -			
Address		_ Address: _ _ _ Name and Titl			



Name ar	nd Title:	Name and Title:	15 MAR 18 PM 5: 01
Address		_ Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	f the registered agent	is:
Name:	Kevin C. Murray		
Address:	1140 Cedar Creek Way	<del>-</del>	
	Davie FL 33325	_	
		_	
ARTICLE VII	INCORPORATOR		•
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Kevin C. Murray	<del>-</del>	
Address:	1140 Cedar Creek Way	_	
	Davie FL 33325	<del>.</del>	
Havino heen nas	ned as registered agent to accept service of process	: for the above stated	l cornoration at the place designated in
	am familiar with and accept the appointment as reg		
2/	- M		02/09/2015
<del></del>	Required Signature/Registered Agent		Date
I submit this doc document to the	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware th y as provided for in s	at the false information submitted in a s.817.155, F.S.
2	<u>- ///</u>		02/09/2015
	Required Signature/Incorporator		Date