

PISDUBO 73705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

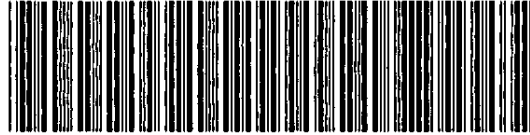
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15 AUG 31 AM 10:00

COVER LETTER

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

SUBJECT: **BREATHE THROUGH ME, 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **TODDRA BUNYAN**

Name (Printed or typed)

10242 SW 224 TERRACE

Address

MIAMI, FL 33190

City, State & Zip

(305)389-8770

Daytime Telephone number

bunyan1998@icloud.com

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: **BREATHE THROUGH ME, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10242 SW 224 TER

MIAMI, FL 33190

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **The corporation may engage in any activity or business permitted under the laws of the State of Florida.**

ARTICLE IV DURATION

The corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE V SHARES

The number of shares of stock is: **100 / Common**

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Toddra Bunyan / Pres.**

Name and Title: _____

Address

10242 SW 224 TER

Address: _____

MIAMI, FL 33190

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VII REGISTERED AGENT

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

Name: Toddra Bunyan
Address: 10242 SW 224 TER
MIAMI, FL 33190

ARTICLE VIII INCORPORATOR The

name and address of the Incorporator is:

Name: Toddra Bunyan
Address: 10242 SW 224 TER
MIAMI, FL 33190

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

Toddra Bunyan
Required Signature/Registered Agent

7/12/15
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.

Toddra Bunyan
Required Signature/Incorporator

7/12/15
Date