

P15000090421

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA  
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T CANNON

## COVER LETTER

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SUBJECT:

*BJ*  
~~PALM BREEZE INC.~~

*Palm Breeze Group 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: BETTYE JONES

Name (Printed or typed)

~~814 42ND STREET~~

Address

WEST PALM BEACH, FLORIDA 33407

City, State & Zip

(561) 863-5035

Daytime Telephone number

JDARC5801@YAHOO.COM

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2015

BETTYE JONES  
814 42ND STREET  
WEST PALM BEACH, FL 33407 US

SUBJECT: PALM BREEZE INC.  
Ref. Number: W15000066044

We have received your document for PALM BREEZE 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 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.

The document number of the name conflict is L04000026369.

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.)

You must list at least one incorporator with a complete business street address.

Please return 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) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 115A00020999

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:

~~PALM BREEZE INC.~~

*Palm Breeze Group Inc.*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

814 42ND STREET

WEST PALM BEACH

FLORIDA 33407

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE A SAFE AND ORDERLY SOBER LIVING

ENVIRONMENT FOR MALE ADULTS RECOVERING FROM ALCOHOL AND DRUG ABUSE.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: BETTYE JONES, PRESIDENT

Name and Title:

Address

814 42ND STREET

Address:

WEST PALM BEACH

FLORIDA 33407

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA  
15 NOV - 5 PM 2:25

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: \_\_\_\_\_

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

Betty Jones  
1817 Oakmont Drive  
West Palm Beach, FL 33407

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

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

Betty Jones  
1817 Oakmont Dr.  
West Palm Beach, FL 33407

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Betty Jones  
Required Signature/Registered Agent

09.22.15  
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 §.817.155, F.S.

Betty Jones  
Required Signature/Incorporator

09.22.15  
Date