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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP

☐ WAIT

☐ MAIL

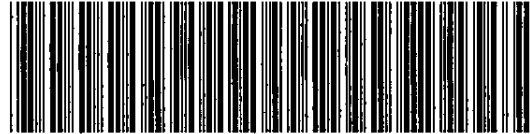
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR -7 PM12:30

*[Signature]* 03/16/16

## COVER LETTER

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

SUBJECT: Coire Breagh, 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: Gloria Houston  
Name (Printed or typed)

430 Island Cay Way  
Address

Apollo Beach, FL 33572  
City, State & Zip

(813) 504-5022  
Daytime Telephone number

julie @ pm2online.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: Coire Breagh, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

430 Island Cay Way  
Apollo Beach, FL 33572

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to preserve and administer  
rights for intellectual property of Gloria Houston.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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10 MAR -7 PM 12:30

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

Name and Title: Gloria Houston - President Name and Title: Julie A. Floen - CEO

Address: 430 Island Cay Way Address: 430 Island Cay Way  
Apollo Beach, FL 33572 Apollo Beach, FL 33572

Name and Title: Diane Gainforth - VP

Address: 5616 Oakland Drive  
Tampa, FL 33617

Name and Title: /

Address: /

Name and Title: /

Address: /

Name and Title: /

Address: /

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: Diane Gainforth  
Address: 5616 Oakland Drive  
Tampa, FL 33617

**ARTICLE VII INCORPORATOR**

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

Name: Gloria Houston  
Address: 430 Island Cay Way  
Apollo Beach, FL 33572

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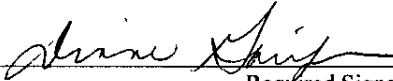
**ARTICLE VIII EFFECTIVE DATE:**

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***

 2/27/14  
Required Signature/Registered Agent 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.***

 2/27/16  
Required Signature/Incorporator Date