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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

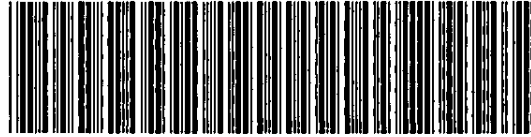
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Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

MAR 29 2016
S. GILBERT

W16-22090

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: High Impact Project Management, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Charles G. Cobb

Contact Person

Breakthrough Solutions, Inc.

Firm/Company

9141 Shadow Glen Way

Address

Fort Myers, FL 33913

City, State and Zip Code

chuck@breakthroughsolns.com

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

For further information concerning this matter, please call:

Charles G. Cobb

at (508) 359-7375

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

CHARLES G. COBB
9141 SHADOW GLEN WAY
FORT MYERS, FL 33913

SUBJECT: BREAKTHROUGH SOLUTIONS, INC.
Ref. Number: W16000022090

We have received your document for BREAKTHROUGH SOLUTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 616A00006111

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
16 MAR 28 PM 4:15
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Breakthrough Solutions, Inc. - F16 - 1053

Enter Name of Other Business Entity

2. The "Other Business Entity" is a S-Corporation

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Massachusetts

(Enter state, or if a non-U.S. entity, the name of the country)

on July 28, 2000

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

High Impact Project Management, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

Signed this 28th day of March, 2016.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Charles G. Cobb
Printed Name: Charles G. Cobb Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Charles G. Cobb

Printed Name: Charles G. Cobb Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: High Impact Project Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

9141 Shadow Glen Way

Fort Myers, FL 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Project Management and Online Project Management Training

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles G. Cobb President

Address: 9141 Shadow Glen Way

Fort Myers, FL 33913

Name and Title: Charles G. Cobb Clerk

Address: 9141 Shadow Glen Way

Fort Myers, FL 33913

Name and Title: _____

Address: _____

Name and Title: Charles G. Cobb Treasurer

Address: 9141 Shadow Glen Way

Fort Myers, FL 33913

Name and Title: Charles G. Cobb Director

Address: 9141 Shadow Glen Way

Fort Myers, FL 33913

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
FALL HARBOR, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Charles G. Cobb
Address: 9141 Shadow Glen Way
Fort Myers, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles G. Cobb
Address: 9141 Shadow Glen Way
Fort Myers, FL 33913

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

Charles G. Cobb

Required Signature/Registered Agent

3/28/2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Charles G. Cobb

Required Signature/Incorporator

3/28/2016

Date