

P16 000003/853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

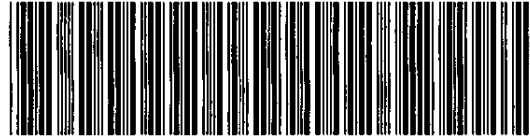
Certified Copies _____ Certificates of Status _____

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APR 11 2016

T. SCOTT



300283908693

04/05/16--01022--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -5 AM 10:29

COVER LETTER

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

SUBJECT: The Break Coffee Co, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kyle Gellis

Name (Printed or typed)

1093 Lakeshore Dr

Address

Jupiter, FL 33458

City, State & Zip

561-308-0695

Daytime Telephone number

kjgellis@gmail.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: The Break Coffee Co, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1093 Lakeshore Dr

Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business activity

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kyle Gellis, CEO

Address 1093 Lakeshore Dr

Jupiter, FL 33458

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR - 5 AM 10:24

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: Kyle Gellis

Address: 1093 Lakeshore Dr

Jupiter, FL 33458

ARTICLE VII INCORPORATOR

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

Name: Kyle Gellis

Address: 1093 Lakeshore Dr

Jupiter, FL 33458


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.)

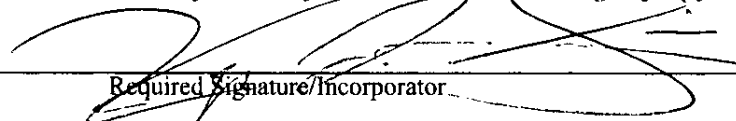
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

4/3/2016
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.


Required Signature/Incorporator

4/3/2016
Date