

P19000058198

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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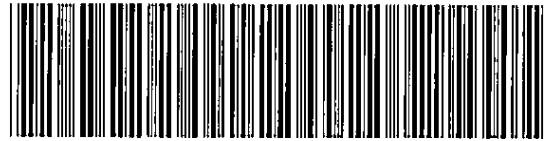
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Breakthrough Performance 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      ☐ \$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:** Melinda Dransfield  
\_\_\_\_\_  
Name (Printed or typed)  
  
635 Loggerhead Island Dr  
\_\_\_\_\_  
Address  
  
Satellite Beach, FL 32937  
\_\_\_\_\_  
City, State & Zip  
  
303-324-0279  
\_\_\_\_\_  
Daytime Telephone number  
  
dransfield@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: Breakthrough Performance Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

635 Loggerhead Island Dr

Satellite Beach, FL 32937

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Melinda Dransfield, P

Name and Title: Dale Dransfield, VP

Address 635 Loggerhead Island Dr

Address: 635 Loggerhead Island Dr

Satellite Beach, FL 32937

Satellite Beach, FL 32937

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Melinda Dransfield  
Address: 635 Loggerhead Island Dr  
Satellite Beach, FL 32937

**ARTICLE VII INCORPORATOR**

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

Name: Melinda Dransfield  
Address: 635 Loggerhead Island Dr  
Satellite Beach, FL 32937

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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 days prior or 90 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*

Melinda Dransfield 29 July 2019  
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.*

Melinda Dransfield 29 July 2019  
Required Signature/Incorporator Date