

P20000047134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

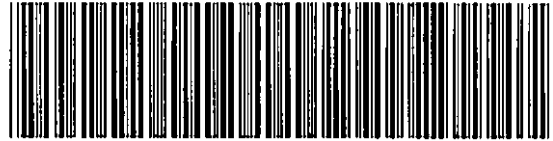
(Business Entity Name)

(Document Number)

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

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06/17/20--01021--019 \*\*87.50

2020 MAY 17 PM 7:43  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Breach Managers 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: Anthony Richardson  
Name (Printed or typed)

1002 E. New Haven Ave, 2nd Floor  
Address

Melbourne, FL 32901  
City, State & Zip

305-209-9469  
Daytime Telephone number

thetonyrichardson@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL  
DEPARTMENT OF STATE

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: Breach Managers Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
1002 E New Haven Ave  
2nd Floor  
Melbourne, FL 32901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cyber security  
MANAGED solutions with PROACTIVE Remediation,  
Risk Reporting, and enhanced Cloud  
SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Richardson - Pres Name and Title: \_\_\_\_\_

Address: 1002 E New Haven Ave Address: \_\_\_\_\_  
2nd Floor  
Melbourne, FL 32901

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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2020 MAY 17 PM 7:44  
CLERK OF STATE  
TALLAHASSEE, FL

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: Anthony Richardson  
Address: 1002 E New Haven Ave, 2nd Floor  
Melbourne, FL 32901

**ARTICLE VII INCORPORATOR**

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

Name: Anthony Richardson  
Address: 1002 E New Haven Ave, 2nd Floor  
Melbourne, FL 32901

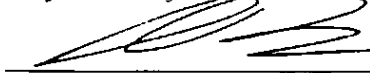
**ARTICLE VIII EFFECTIVE DATE:**

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.)

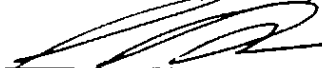
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

June 16/2020  
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

June 16 2020  
Date

FILED  
2020 MAY 17 PM 7:44  
SECRETARY OF STATE  
TALLAHASSEE, FL