

P22000075191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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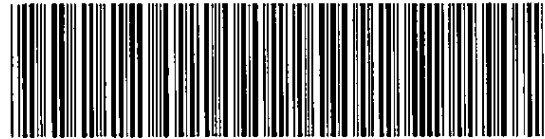
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 30 AM 11:45
TALLAHASSEE, FLORIDA
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2022 SEP 30 AM 10:33
TALLAHASSEE, FLORIDA

D. O'KEEFE

SEP 30 2022

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **BREEZE FMO INC.**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

CLINT McMAHAN

Contact Person

BREEZE FMO INC.

Firm/Company

1659 LEAF FLOWER LN

Address

LUTZ, FL 33558

City, State and Zip Code

clint@breeze-tek.com

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

For further information concerning this matter, please call:

CLINT McMAHAN at (**813**) **420-8621**

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

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

BREEZE FMO, INC.

Enter Name of the Converting Entity

2. The converting entity is a **C-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 **TENNESSEE**
(Enter state, or if a non-U.S. entity, the name of the country)

on **05/03/2022**
Enter date "Converting Entity" was first organized, formed or incorporated.

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

BREEZE FMO, INC.

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

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

(The effective date: **Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.**)


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.

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2022 SEP 30 AM 11:45
CLERK OF STATE
TALLAHASSEE, FL 0900

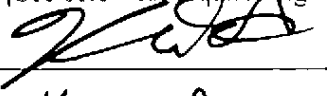
Signed this 30th day of September, 2022.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:


Printed Name: KEVIN BURTON Title: DIRECTOR/SECRETARY

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 
Printed Name: Kevin Burton Title: Director/Sec

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:

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME **BREEZE FMO, INC.**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

1659 LEAF FLOWER LN

LUTZ, FL 33558

Mailing address, if different is:

1659 Leaf Flower Ln

LUTZ, FL 3358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the sale of health, life, auto, and casualty insurance via Breeze FMO.

ARTICLE IV SHARES **1000**

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: **Derek Rousseau (President)**

Address: **119 Hampstead Rd
Derry, NH 03038**

Name and Title: **Kevin Burton (Secretary)**

Address: **17050 Hallandale Loop Apt 106
Land O Lakes, FL 34638**

Name and Title: _____

Address: _____

Name and Title: **Joshua Zajac-Simmons (Vice-President)**

Address: **26349 Old Spring Lake Rd
Brooksville, FL 34602**

Name and Title: **Clinton McMahan (Treasurer)**

Address: **1659 Leaf Flower Ln
Lutz, FL 33558**

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
HALLANDALE BEACH, FL 33410

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ARTICLE VI REGISTERED AGENT

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

Name: Kevin Burton

Address: 17050 Hallandale Loop Apt 106

Land O Lakes, FL 34638

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

30 September 2022
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA