

P98000013110

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB -9 AM 11:13

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

SUBJECT: BREAKERS CONSULTING, INC.
(Proposed corporate name - must include suffix)

100002425171--1
-02/09/98--01075--004
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: GAIL FORESTER
Name (Printed or typed)

27212 BREAKERS DRIVE
Address

WESLEY CHAPEL, FL 33543
City, State & Zip

813-973-8916
Daytime Telephone number

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

D. BROWN FEB 10 1998

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ARTICLES OF INCORPORATION
of
BREAKERS CONSULTING, INC.

The undersigned incorporators, for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I
CORPORATE NAME

The name of the corporation shall be : Breakers Consulting, Inc..

ARTICLE II
PRINCIPAL OFFICE

The principal office of business and mailing address of this corporation shall be :

27212 Breakers Drive
Wesley Chapel, Florida
33543

ARTICLE III
SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : 10

**ARTICLE IV
INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is :

KATRINA MCCABE
37934 E. COLEMAN AVE.
DADE CITY, FLORIDA
33525

**ARTICLE V
INCORPORATORS**

The names and street addresses of the incorporators to these Articles of Incorporation are :

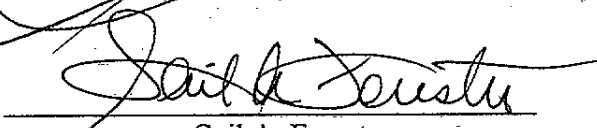
Chuck Forester
27212 Breakers Drive
Wesley Chapel, FL 33543

Gail Forester
27212 Breakers Drive
Wesley Chapel, FL 33543

The undersigned incorporators have executed these Articles of Incorporation this 6th day of February, 1998



Charles T. Forester



Gail A. Forester

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is BREAKERS CONSULTING, INC.

2. The name and address of the registered agent and office is:

KATRINA McCABE
(NAME)

37934 EAST COLEMAN AVENUE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DADE CITY, FL 33525
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

2/6/98
(DATE)