

A24 0000 22611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certificates of Status _____

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THE UNIVERSITY OF CHICAGO

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COVER LETTER

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

SUBJECT: Breatha Again 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Cynthia Sames
Name (Printed or typed)
565 Spring Meadows Rd.
Address
Quincy, FL 32351
City, State & Zip
850-688-8630
Daytime Telephone number
Cyntj@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: Breathe Again Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
565 Spring Meadows Rd.
Quincy, FL 32351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CPR Class

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>P Cynthia Janice</u>	Name and Title:	_____
Address	<u>565 Spring Meadows Rd.</u> <u>Quincy, FL 32351</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title: Cynthia James Name and Title: _____
Address: 565 Spring Meadows Rd. Address: _____
Quincy, FL _____
32351 _____

ARTICLE VI REGISTERED AGENT

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

Name: Cynthia James
Address: 565 Spring Meadows Rd.
Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cynthia James
Address: 565 Spring Meadows Rd.
Quincy, FL 32351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/1/24 (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

Cynthia James
Required Signature/Registered Agent

4/1/24
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.

Cynthia James
Required Signature/Incorporator

4/1/24
Date

2024

5:00