

Filing Fee: \$50.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

NON-PROFIT CORPORATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 SEP 14 PM 3:28

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-6-74 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the corporation is Breeze Financial Solutions, Inc.
2. It is incorporated under the laws of Florida
3. The date of its incorporation is 12/12/2014
4. The address of its principal office is 150 E. Palmetto Park Road, Suite 800, Boca Raton, FL 33432
5. The address of its proposed registered office in Rhode Island is One Richmond Square, Suite 125B
6. The specific purpose or purposes which it proposes to pursue in conducting its affairs in Rhode Island are: Credit repair and financial education

FILED

SEP 14 2015

BY [Signature] 256310
3:28

7. The names and respective addresses of its directors and officers are:

	<u>Name</u>	<u>Address</u>
Director	_____	_____
Director	_____	_____
Director	_____	_____
President	<b>Jeremy Marcus</b>	<b>1410 SW 3rd St, Pompano Beach, FL 33069</b>
Vice President	_____	_____
Treasurer	_____	_____
Secretary	<b>Craig Smith</b>	<b>1410 SW 3rd St, Pompano Beach, FL 33069</b>

8. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.

Under penalty of perjury, I declare and affirm that we have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9.8.15

**Breeze Financial Solutions, Inc.**

\_\_\_\_\_  
Print Exact Name of Corporation Making Application

\_\_\_\_\_  
Signature of  President or  Vice President (check one)

\_\_\_\_\_  
Signature of  Secretary or  Assistant Secretary (check one)

# State of Florida



## Department of State

I certify from the records of this office that BREEZE FINANCIAL SOLUTIONS, INC., is a corporation organized under the laws of the State of Florida, filed on December 12, 2014.

The document number of this corporation is N14000011317.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on January 12, 2015, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twentieth day of August, 2015



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of BREEZE FINANCIAL SOLUTIONS, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is N14000011317.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twentieth day of August, 2015



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

**Electronic Articles of Incorporation  
For**

N14000011317  
FILED  
December 12, 2014  
Sec. Of State  
mdickey

BREEZE FINANCIAL SOLUTIONS, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

BREEZE FINANCIAL SOLUTIONS, INC.

**Article II**

The principal place of business address:

150 E. PALMETTO PARK ROAD  
SUITE 800  
BOCA RATON, . 33483

The mailing address of the corporation is:

150 E. PALMETTO PARK ROAD  
SUITE 800  
BOCA RATON, . 33483

**Article III**

The specific purpose for which this corporation is organized is:

PROVIDE FREE FINANCIAL EDUCATION ON MONEY  
MANAGEMENT, SAVING, AND SPENDING, AND OFFER FINANCIAL  
SERVICES, INCLUDING, BUT NOT LIMITED TO CREDIT SERVICES  
RELATING TO ANALYZING CREDIT REPORTS AND CREDIT CORRECTION

**Article IV**

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

**Article V**

The name and Florida street address of the registered agent is:

ROGATINSKY & PEREZ  
3113 STIRLING ROAD, SUITE 103  
FORT LAUDERDALE, FL. 33312

I certify that I am familiar with and accept the responsibilities of  
registered agent.

Registered Agent Signature: DANIELA PEREZ

N14000011317  
FILED  
December 12, 2014  
Sec. Of State  
mdickey

## Article VI

The name and address of the incorporator is:

JACK MARCUS  
260 SW NATURA AVE.

DEERFIELD BEACH, FL 33441

Electronic Signature of Incorporator: JACK MARCUS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: DIR.  
JACK MARCUS  
150 E. PALMETTO PARK ROAD SUITE 800  
BOCA RATON, FL. 33483 US

Articles of Amendment  
to  
Articles of Incorporation  
of

BREEZE FINANCIAL SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000011317

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:** \_\_\_\_\_  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:** \_\_\_\_\_  
(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Jack Marcus</u>	<u>150 E. Palmetto Park Road</u> <u>Suite 800</u> <u>Boca Raton, FL 33432</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Craig Smith</u>	<u>150 E. Palmetto Park Road</u> <u>Suite 800</u> <u>Boca Raton, FL 33432</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u> <u>          </u> <u>          </u>





The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6.9.2015

Signature \_\_\_\_\_  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jack Marcus \_\_\_\_\_  
(Typed or printed name of person signing)

Director \_\_\_\_\_  
(Title of person signing)



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

