

L04000089747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

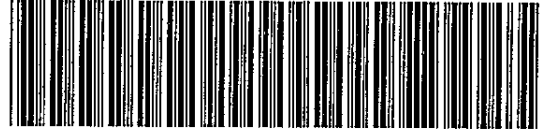
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000042992020

12/06/04--01024--008 \*\*125.00

2004 DEC -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE

12/8/04

## TRANSMITTAL LETTER

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

SUBJECT: Brook's Construction LLC  
(Proposed corporate name - must include suffix)

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 of  
Status

☒ <sup>125.00</sup>~~\$78.75~~  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Scott Brooks  
Name (Printed or typed)

4531 Ashford Drive  
Address

Winter Haven Florida 33880  
City, State & Zip

863-293-6517  
Daytime Telephone number

FILED  
2004 DEC -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
12/8/04

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

ARTICLES OF ORGANIZATION

Brook's Construction, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

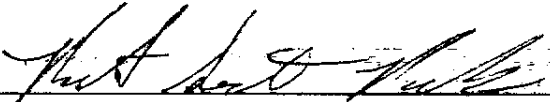
1. **Name.** The name of the limited liability company is Brook's Construction, LLC..
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
4531 Ashford Drive Winter Haven, Florida 33880
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
4531 Ashford Drive Winter Haven, Florida 33880
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature** and the Florida street address of the registered agent is:

Robert Scott Brooks  
4531 Ashford Drive  
Winter Haven, Florida 33880

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 provisional 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 as provided for in Chapter 608, F.S.*


FILED  
2014 DEC -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/8/14

  
Robert Scott Brooks

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

December 8, 2004

  
Robert Scott Brooks  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

FILED  
2004 DEC -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA