# M09000004870

(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:
Special instructions to Filling Officer.
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Office Use Only

#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	CCT:	Broo	ks Florida LLC		
		Name	of Limited Liability Company		
The en- Exister	closed "Application by Fore ice, and check are submitted	ign Limited Liabili to register the abo	ty Company for Authorization to T we referenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Floridate	f a
Please	return all correspondence co	ncerning this matte	er to the following:		
		F	Raymond A. Helfrich		
			Name of Person		
			Bruxoil, Inc.		
			Firm/Company		
1717 Bellewood Road					
			Address		
		Jack	son, Mississippi 39211		
			City/State and Zip Code		
			uxoil@bellsouth.net		
	Ŀ	-mail address: (to	be used for future annual report not	ification)	
For fur	ther information concerning	this matter, please	call:		
		A. Helfrich	at ( 601 )	981-5722	
	Name of	Person	Area Code & Daytime Telephon	e Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301		
Enclo	sed is a check for the fo	Ilowing amount  \$130.00 Filing For Certificate of S	Fee & \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	



December 3, 2009

RAYMOND A. HELFRICH BRUXOIL, INC. 1717 BELLEWOOD ROAD JACKSON, MS 39211

SUBJECT: BROOKS FLORIDA LLC Ref. Number: W09000052684

We have received your document for BROOKS FLORIDA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Note I have retained your Certificate of Good Standing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we a	are the Managers and/or Ma	ınaging
Members of BROOKS FLORIDA LLC		Ac.
(Name of Limited Liab	pility Company)	V T
a limited liability company duly organized and o	existing under the laws of	HASS
MISSISSIPPI		m <sub>o</sub>
(State or Country of Organization)		H S
Because the name of this foreign limited liability	y company does not satisfy	TATE ORADA
requirements of the s. 608.406, F.S., the limited	liability company hereby a	dopts the
following name to transact business in the state	of Florida:	
DAVID K. BROOKS LLC		
(Name to be used by limited liability company in Florida. NOT Company, L.L.C., or LLC.)	E: Name must end with Limited Lia	bility
Date: DECEMBER 1, 2009		
Signature(s) of Manager(s) and/or Managing M	ember(s):	
Dan KBruder	Member/Manager	
Payrd any	Manager	
	· · · · · · · · · · · · · · · · · · ·	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Brooks Florida LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
cc	DAVID K. BROOKS LLC  f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	
2.	Mississippi 3. 30-0586938  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	October 27, 2009  (Date of Organization)  5. perpetual 2008  (Duration: Year limited liability company will; ceap to	
	October 27, 2009  (Date of Organization)  (Date of Organization)  5. perpetual 26  (Duration: Year limited liability company will cease to exist or "perpetual")	1
6.	n/a SS	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	T C
7.	1/1/ Bellewood Hoad SE W	
	Jackson, Mississippi 39211	
	(Street Address of Principal Office)	
	The name and usual business addresses of the managing members or managers are as follows:	
	David K. Brooks - 1717 Bellewood Road, Jackson, MS 39211;	
	Raymond A. Helfrich - 1717 Bellewood Road, Jackson, MS 39211;	
he.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recognized gurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)	ords in
1.	Nature of business or purposes to be conducted or promoted in Florida: Investment Property	
-	Runned a negre	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Raymond A. Helfrich	

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Brooks Florida LLC	
If unavailable, the alternate to be used in the state of Florida is:	
DAVID K. BROOKS LLC	<u> </u>
2. The name and the Florida street address of the registered agent and office are:	89 E
David R. Jennings	ASS
(Name)	THE R
4218 Southwest 6th Avenue	2: 3: FL GR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	DA P
Cape Coral, FL 33914 City/State/Zip	

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 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 as provided for in Chapter 608, Florida Statutes.

(Signature),

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 'Certificate of Status (optional)

## State of Mississippi

#### Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

l, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

**BROOKS FLORIDA LLC** 

Formed October 27, 2009

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1717 BELLEWOOD ROAD JACKSON MS 39211

and that the registered agent at that address is:

HELFRICH, RAYMOND A

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office November 23, 2009

C. Delbert Hosemann, Jr. Secretary of State

( Billet Hosemann, dr.

Certification Number: 11632178-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify asp