

M16000007893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

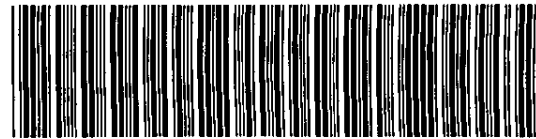
(Document Number)

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

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TALLAHASSEE, FLORIDA

T WASHINGTON

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RECEIVED

2016 SEP 29 PM 4:08

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

JACKIE BROOKS  
1440 DOUGLAS CT  
WINTER HAVEN, FL 33880

SUBJECT: BROOKS TRUCKING LLC  
Ref. Number: W16000064923

We have received your document for BROOKS TRUCKING 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):

Please list the complete principal office address.

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. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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) 245-6051.

Tanisha L Washington  
Regulatory Specialist II

Letter Number: 516A00020176

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Brooks Trucking LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jackie Brooks

\_\_\_\_\_  
Name of Person

Brooks Trucking LLC

\_\_\_\_\_  
Firm/Company

1440 Douglas ct

\_\_\_\_\_  
Address

Winter Haven, FL 33880

\_\_\_\_\_  
City/State and Zip Code

jrbrooks89@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Brooks

863

412-1047

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brooks Trucking LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC")

J.R. Brooks Trucking LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," L.L.C., " or "LLC.")

2. Missouri

(Jurisdiction under the law of which foreign limited liability  
Company is organized)

3

(FEI number if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1440 Douglas Ct. Winter Haven, Fla. 33880

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Charlotte Brooks

Office Address: 1440 Douglas Ct.

Winter Haven, FL

(City)

Florida 33880

(Zip code)

Registered agent's acceptance

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Charlotte Brooks

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is /are:

Jackie Brooks Owner

Charlotte Brooks manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Charlotte Brooks

Signature of an authorized person

Charlotte Brooks

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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.

Jackie Brooks

Typed or printed name of signee

FILED  
16 SEP 29 PM 4: 08  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**  
CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

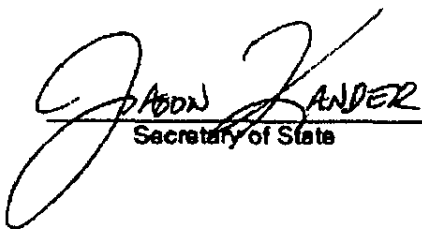
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

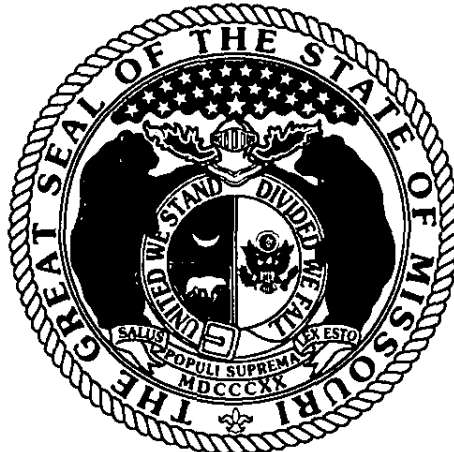
I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

***Brooks Trucking LLC***  
***LC001502332***

was created under the laws of this State on the 8th day of August, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of September, 2016.

  
Secretary of State



Certification Number: CERT-09022016-0035