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SECRETARY OF STATENS
SIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Brook Executive Park Association, Inc

(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

□\$78.75

Filing Fee & Certified Copy

\$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Dave Howe

Name (Printed or typed)

3603 ALT 19, Suite C,

Address

Palm Harbor, FL 34689

City, State & Zip

888-239-2818

Daytime Telephone number

anclote.investments@verizon.net

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 617, F.S., (Not for Profit)

ARTICLE II	PRINCIPAL OFFICE				
	Principal <u>street</u> address: ALT 19, Suite C, Palm Harbor, FL	34689	Mailing address, if different is:		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To handle the day to day business needs of to owners of the Brook Executive Park Association Buildings as well as the needs.					eds
of the te	nants of the buildings	under th	e direction of the du	ıly ele	ğ ied
board m	embers of the associa	ation.		23	SHAPE SHAPE
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				بې	25
			,	3	SK.
ARTICLE V	INITIAL OFFICERS AND/OR DE	RECTORS			
Name and Title:_ Address	Dave Howe, President	Name and Title	Herb Romisher, VI	5 —	
Address _	Dave Howe, President Dave Howe, Treasurer	Address: Name and Title:	Herb Romisher, Vi		

Name and Title:		lame and Title:
Address _		Address:
Name and Title:_ Address _		lame and Title:
-		
ARTICLE VI	REGISTERED AGENT	his can a cinamid a continu
Name:	lorida street address (P.O. Box NOT accepta Dave Howe	ble) of the registered agent is:
Address:	3603 ALT 19, Suite C, Palm Harbor, FL	34689
	INCORPORATOR ddress of the Incorporator is: Dave Howe	
Name: Address:	3603 ALT 19, Suite C, Palm Harbor, FL	34689
		process for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
	arel town	06/20/14
	Required Signature of Registered A	gent Date
	ument and affirm that the facts stated herein It of State co <u>nstitu</u> tes a third degree felony as	are true. I am aware that any false information submitted in a document provided for in s.817.155, F.S.
7	GN (HOW)	06/20/14
	Required Signature of Incorpo	rator Date