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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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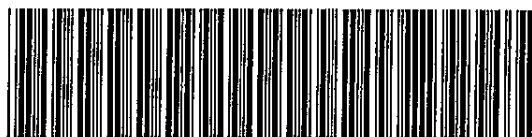
(Business Entity Name)

(Document Number)

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

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Kimberly Brooks GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Articles  
DATE 11-21-02  
DOC. EXAM B

2002 NOV 18 AM 10:30  
FILED

11-21-02  
12

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Brooks Management Staffing, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

KyMBERLI B. Brooks  
Name (Printed or typed)

1811 Last Lake Ct.  
Address

St. Cloud, FL 34771  
City, State & Zip

(407) 908-0450  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Brooks Management Staffing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

931 Oak Street  
#5 Executive Suites  
Kissimmee, FL 34741

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Employment and Staffing management.

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Kymerli R. Brooks 1811 Lost Lake Ct.  
Danny S. Brooks St. Cloud, FL 34771

**ARTICLE VI REGISTERED AGENT**

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

Kymerli Brooks  
1811 Lost Lake Ct.  
St. Cloud, FL 34771

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kymerli Brooks  
1811 Lost Lake Ct.  
St. Cloud, FL 34771

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Kymerli Brooks  
Signature/Registered Agent

11-12-02  
Date

Kymerli Brooks  
Signature/Incorporator

11-12-02  
Date

FILED  
2002 NOV 18 AM 10:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

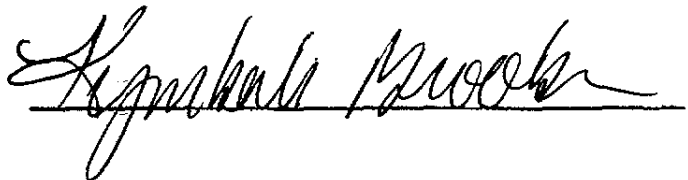
**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Brooks Management  
Staffing, Inc.

2. The name and street address of the registered agent and office is: 811 Lost Lake Ct., St. Cloud, Fl. 34771  
Kymerla R. Brooks

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

  
\_\_\_\_\_