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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ISABEL BROOME, 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: ISABEL BROOME
Name (Printed or typed)

1759 IMPERIAL PALM DR.
Address

APOPKA, FL. 32712
City, State & Zip

407-884-9338
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:

Isabel Broome, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1759 Imperial Palm Dr, Apopka, FL 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide waiver support and social services.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Isabel Broome
1759 Imperial Palm Dr.
Apopka, FL 32712

ARTICLE VI REGISTERED AGENT

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

Isabel Broome
1759 Imperial Palm Dr.
Apopka, FL 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel Broome
1759 Imperial Palm Dr.
Apopka, FL 32712

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

Isabel Broome
Signature/Registered Agent

4-3-04
Date

Isabel Broome
Signature/Incorporator

4-3-04
Date

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TALLAHASSEE, FLORIDA