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(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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10-12-04
WC

TRANSMITTAL LETTER

Original

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

SUBJECT: Brooksbilt, 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: William Brooks
Name (Printed or typed)

1767 Four Mile Cove Pkwy #815
Address

Cape Coral, Fl 33990
City, State & Zip

239-772-8834
Daytime Telephone number

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

Original

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:

Brooksbilt, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1767 Four Mile Cove Pkwy
#815
Cape Coral, Fl 33990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To work as a corporation of remodeling homes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Brooks, President
Linda Brooks, Vice President and Treasurer
1767 Four Mile Cove Pkwy #815
Cape Coral, Fl 33990

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

William Brooks
1767 Four Mile Cove Pkwy #815
Cape Coral, Fl 33990

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William Brooks
1767 Four Mile Cove Pkwy #815
Cape Coral, Fl 33990

****

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

William Brooks — 10-7-04
Signature/Registered Agent William Brooks — Date

William Brooks — 10-7-04
Signature/Incorporator William Brooks — Date