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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SURJECT: BROOK	(S DMS SERVICES INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: FL	OSSIE BROOKS <i>F/055/C</i>	htooks (Printed or typed)	
	1702 EAST ALABAMA STREET	Address	· · · · · · · · · · · · · · · · · · ·
,	PLANT CITY FLORIDA 33563 City	, State & Zip	
	813 - 754-5515		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

BROOKS DMS SERVICES INC

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1101 SOUTH GIBBS STREET PLANT CITY FLORIDA 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FLOSSIE BROOKS 1702 E ALABAMA ST PLANT CITY FL 33563 PRES. EDDIE BROOKS 1702 E ALABAMA ST PLANT CITY FL 33563 VP. DEBRA PRIME 4702 BREEZE AVE PLANT CITY FL 33566 TREA. STEPHANIE LOCKHART 1035 BAYCREST DR LAKELAND FL 33805 SEC.

ARTICLE VI REGISTERED AGENT

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

FLOSSIE BROOKS 1702 E ALABAMA STREET PLANT CITY FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FLOSSIE BROOKS 1702 E ALABAMA STREET PLANT CITY FL 33563

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

Signature/Registered Agent

H/24/2015

Date

H/24/2015

Date

H/24/2015

Date