

PO7000083486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

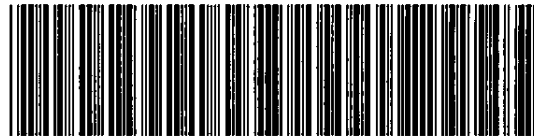
(Business Entity Name)

(Document Number)

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

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2007 JUL 24 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 24 2007

## COVER LETTER

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

SUBJECT: Brooks Managment 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 Brooks  
Name (Printed or typed)

136 Minniehaha Circle  
Address

Haines City, FL 33844  
City, State & Zip

(407) 908-0450  
Daytime Telephone number

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**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 Managment Staffing, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

136 Minniehaha Circle, Haines City, FL 33844

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Supportive Employment and Living Coach 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):

Kymberli R. Brooks  
Danny S. Brooks.

136 Minniehaha Circle, Haines City, FL 33844

## **ARTICLE VI REGISTERED AGENT**

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

Kymberli Brooks  
136 Minniehaha Circle, Haines City, FL 33844



## **ARTICLE VII INCORPORATOR**

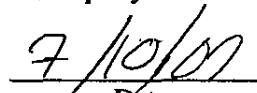
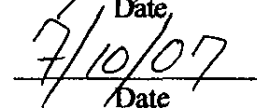
The name and address of the Incorporator is:

Kymberli Brooks  
136 Minniehaha Circle  
Haines City, FL 33844

\*\*\*\*\*

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  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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