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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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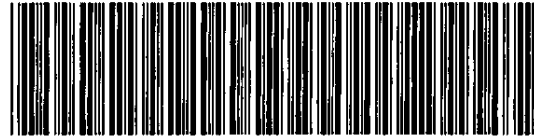
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-24-07

COVER LETTER

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

SUBJECT: Claybrooke Engineering Associates, 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: Bobbi R. Claybrooke

Name (Printed or typed)

13900 Mulholland Road

Address

Parrish, FL 34219

City, State & Zip

(813) 334-4110

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:

Claybrooke Engineering Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

13900 Mulholland Road
Parrish, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Civil Engineering and Professional Consulting Services.

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):

Bobbi R. Claybrooke
President / Owner
13900 Mulholland Road
Parrish, FL 34219

ARTICLE VI REGISTERED AGENT

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

Bobbi R. Claybrooke
13900 Mulholland Road
Parrish, FL 34219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bobbi R. Claybrooke
13900 Mulholland Road
Parrish, FL 34219

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



Date



Signature/Incorporator



Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA