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COVER LETTER

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

D	Cold Connection to a		
SUBJECT: Brownfi	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
		,	& Certificate of Status
		ADDITIONAL CO	
FROM: <u>Ja</u>	mes A. Aardema Name	e (Printed or typed)	
		, Carrier of Gran,	
	23321 Gracewood Circle	Address	
	Land O Lakes, Florida 34639	y, State & Zip	
	Ç.v.	,, omio to 2.1p	
	813 235 6744 Daytime	Telephone number	
	Day iiii C		

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:

Brownfield Consultants, Inc.

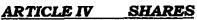
PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is:

23321 Gracewood Circle Land O Lakes, Florida 34639

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: **Brownfield Consulting Services**



The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James A. Aardema, President, Sec. Tres. 23321 Gracewood Circle Land O Lakes, Florida 34639

ARTICLE VI REGISTERED AGENT

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

James A. Aardema 23321 Gracewood Circle Land O Lakes, Florida 34639

Ja 23

ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and add</u>	ress of the Incorporator is:	
mes A. Aardema		
321 Gracewood Circ	de	
ind O Lakes, Florida	34639	
**********	***************	*************
	s registered agent to accept service of process for t ar with and accept the appointment as registered age	**************************************
		nt and agree to act in this capacity
certificate, I am familia		nt and agree to act in this capacity 7/25/08 Date
certificate, I am familia	ar with and accept the appointment as registered age	nt and agree to act in this capacity