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Special Instructions to Filing Officer:

Patrick Sullivan

AUTHORIZATION BY PHONE TO
CORP - CORP NAME

DATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -5 PM 3:18

FILED

PS 1/10/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JAN -5 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 8, 2010

RICHARD D SULLIVAN
7211 BEACON WOODS DR
HUDSON, FL 34667

SUBJECT: BROOKWOOD INC
Ref. Number: W10000056897

We have received your document for BROOKWOOD INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 610A00028494

COVER LETTER

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

SUBJECT: **BROOKWOOD 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: **RICHARD D SULLIVAN**

Name (Printed or typed)

7211 BEACON WOODS DR

Address

HUDSON FL 34667

City, State & Zip

727 992 7460

Daytime Telephone number

BROOKWOOD36@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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 **BROOKWOOD ASSISTED LIVING FACILITY, INC.**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7211 BEACON WOODS DR
HUDSON FL 34667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO CONDUCT BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JODY WALKER PRESIDENT
Address: 7211 BEACON WOODS DR
HUDSON FL 34667

Name and Title: _____
Address: _____

Name and Title: RICHARD D SULLIVAN VICE PRESIDENT
Address: 7211 BEACON WOODS DR
HUDSON FL 34667

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: RICHARD D SULLIVAN
Address: 7211 BEACON WOODS DR
HUDSON FL 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD D SULLIVAN
Address: 7211 BEACON WOODS DR
HUDSON FL 34667

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

R.D. Sullivan
Required Signature/Registered Agent

11-20-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

R.D. Sullivan
Required Signature/Incorporator

11-20-10
Date