

P11000064192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

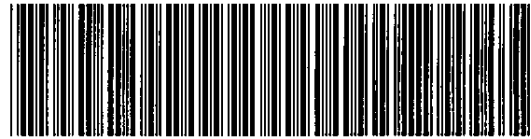
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/18

COVER LETTER

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

SUBJECT: SDBrooks Group 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: Steven D Brooks

Name (Printed or typed)

9080 Misty Creek Dr

Address

Sarasota, FL 34241-9570

City, State & Zip

941-441-5589

Daytime Telephone number

steven.brooks@amedisys.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 SDBrooks Group Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
9080 Misty Creek Dr
Sarasota, FL 34241-9570

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Consulting business located in Florida.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Steven D Brooks</u>	Name and Title: _____
Address: <u>9080 Misty Creek Dr</u>	Address: _____
<u>Sarasota, FL 34241-9570</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Steven D Brooks
Address: 9080 Misty Creek Dr
Sarasota, FL 34241-9570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven D Brooks
Address: 9080 Misty Creek Dr
Sarasota, FL 34241-9570

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

Steven D Brooks
Required Signature/Registered Agent

7/5/11
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.

Steven D Brooks
Required Signature/Incorporator

7/5/11
Date