

P11000066950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 JUL 26 AM 10:15

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MRD  
7/26

## COVER LETTER

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

SUBJECT: Brockman & Jones Enterprises, 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: Camille F. Brockman  
Name (Printed or typed)

1020 E. Lafayette Suite 205  
Address

Tallahassee, FL 32301  
City, State & Zip

850-329-7481  
Daytime Telephone number

brockman.jones@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

The name of the corporation shall be: **Brockman & Jones Enterprises, Inc.**

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
**1020 E. Lafayette # 205**  
**Tallahassee, FL 32301**

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
**Business Consulting**

## ARTICLE IV SHARES

The number of shares of stock is: **10,0000**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Camille Brockman, Director**  
Address: **1020 E. Lafayette St. # 205**  
**Tallahassee, FL 32301**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Judy Jones Colston, Director**  
Address: **1020 E. Lafayette St. # 205**  
**Tallahassee, FL 32301**

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:

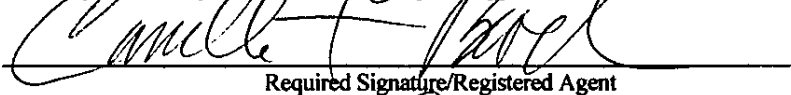
Name: **Camille F. Brockman**  
Address: **1020 E. Lafayette #205**  
**Tallahassee, FL 32301**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

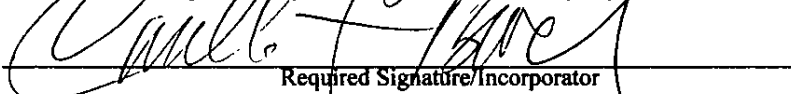
Name: **Camille F. Brockman**  
Address: **1020 E. Lafayette St. # 205**  
**Tallahassee, FL 32301**

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

  
Required Signature/Registered Agent

**07-26-11**  
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.

  
Required Signature/Incorporator

**07-26-11**  
Date

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TALLAHASSEE, FLORIDA