

2147



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2014

JIM BROOKS  
1414 EL SERENO PL  
GULF BREEZE, FL 32563

SUBJECT: BROOKS CONSTRUCTION SERVICES, LLC  
Ref. Number: W14000048676

RECEIVED  
14 SEP 23 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BROOKS CONSTRUCTION SERVICES, LLC and your check(s) totaling \$160.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00017093

## COVER LETTER

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

SUBJECT: BROOKS CUSTOM HOMES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: James C. Brooks  
                                    Name (Printed or typed)

1414 El Sereno Place  
                                    Address

Gulf Breeze, FL 32563  
                                    City, State & Zip

(816) 309-5515  
                                    Daytime Telephone number

jinbrooks26@att.net  
                                    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: Brooks Custom Homes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1414 E1 Sereno Place

Gulf Breeze, FL 32563

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: construction of new homes and renovation and  
repairs of existing homes and commercial office and retail spaces. Including  
all activities associated with those purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James C. Brooks, President

Name and Title: James C. Brooks, Director

Address 1414 E1 Sereno Place

Address: 1414 E1 Sereno Place

Gulf Breeze, FL 32563

Gulf Breeze, FL 32563

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: James C. Brooks

Address: 1414 El Sereno Place

Gulf Breeze, FL 32563

**ARTICLE VII INCORPORATOR**

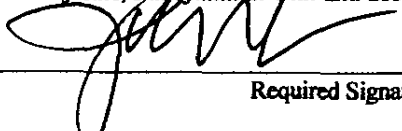
The name and address of the Incorporator is:

Name: James C. Brooks

Address: 1414 El Sereno Place

Gulf Breeze, FL 32563

*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*

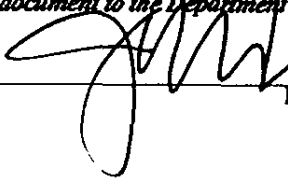


Required Signature/Registered Agent

9/16/14

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

9/16/14

Date

FILED  
14 SEP 23 PM 3:32  
RECEIVED AT STATE  
ALL AMASSEE, FL 32563