

P 15000068658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

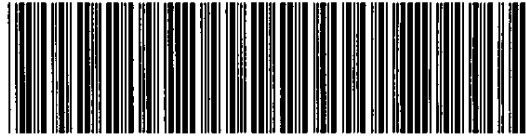
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15 AUG 13 PM 4:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

8/17/15

## COVER LETTER

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

**SUBJECT:** Caroline Brooks, P.A.

(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:** Caroline Brooks

\_\_\_\_\_  
Name (Printed or typed)

489 NW 95th Ave

\_\_\_\_\_  
Address

Plantation, Florida 33324

\_\_\_\_\_  
City, State & Zip

(954) 547-2823

\_\_\_\_\_  
Daytime Telephone number

sweetcaroline08@aol.com

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

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15 AUG 13 PM 4: 27  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2015

CAROLINE BROOKS  
489 NW 95TH AVENUE  
PLANTATION, FL 33324

SUBJECT: CAROLINE BROOKS, P.A.  
Ref. Number: W15000043158

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15 AUG 13 PM 4: 27  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAROLINE BROOKS, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove "ANY AND ALL LAWFUL BUSINESS" from the purpose.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00015418

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2015

CAROLINE BROOKS  
489 NW 95TH AVENUE  
PLANTATION, FL 33324

SUBJECT: CAROLINE BROOKS, P.A.  
Ref. Number: W15000043158

RECEIVED  
15 JUL 20 PM 12:44

We have received your document for CAROLINE BROOKS, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00013204

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: Caroline Brooks P.A.

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15 AUG 13 PM 4: 27

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE FLORIDA

489 NW 95th Avenue

Plantation, Florida 333324

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct Real Estate business

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Caroline Brooks, Director

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

Address 489 NW 95th Avenue

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

Plantation, Florida 333324

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

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

Address \_\_\_\_\_

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

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: Caroline Brooks  
Address: 489 NW 95th Ave  
Plantation, Fl 33324

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DEPARTMENT OF STATE  
HALL, TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Caroline Brooks  
Address: 489 NW 95th Ave  
Plantation, Fl 33324

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Caroline Brooks  
Required Signature/Registered Agent

6/15/15  
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.*

Caroline Brooks  
Required Signature/Incorporator

6/15/15  
Date