

P160000092587

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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2016 NOV 21 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 22 2016

COVER LETTER

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

SUBJECT: BONNIE 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 ☒ \$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: BONNIE BROOKS
Name (Printed or typed)

1800 MARINER DR. UNIT #4
Address

TARPON SPRINGS, FL. 34689
City, State & Zip

727-967-1108
Daytime Telephone number

bonniem.brooks@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

BONNIE BROOKS
1800 MARINER DR. UNIT #4
TARPON SPRINGS, FL 34689

SUBJECT: BONNIE BROOKS P.A.
Ref. Number: W16000074173

We have received your document for BONNIE BROOKS P.A. 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 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 016A00023499

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: BONNIEM BROOKS P2018 NOV 21 AM 11:29

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1800 MARINER DR. UNIT #4
TARPON SPRINGS, FL.
34689

SECRETARY OF STATE
MAILING ADDRESS OF OFFICE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BONNIEM BROOKS, P.RES. Name and Title: _____

Address 1800 MARINER DR. Address: _____
UNIT #4
TARPON SPRINGS, FL. 34689

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED

2016 NOV 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: BONNIE M. BROOKS

Address: 1800 MARINER DR. #4
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

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

Name: BONNIE M. BROOKS

Address: 1800 MARINER DR. UNIT #4
TARPON SPRINGS, FL 34689

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

Bonnie M. Brooks

Required Signature/Registered Agent

Nov. 16, 2016.

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.

Bonnie Brooks

Required Signature/Incorporator

October 24, 2016.

Date