

P19 000 068 241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

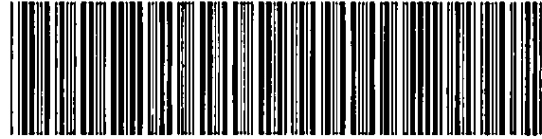
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 04 2019



WP9-60658



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2019

JASON KEITH BROOKE
7049 MILL RUN CIRCLE
NAPLES, FL 34109

SUBJECT: BROOKE CONSULTING INC
Ref. Number: W19000060658

We have received your document for BROOKE CONSULTING INC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 019A00013158

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MAIL ROOM

COVER LETTER

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

SUBJECT: Brooke Consulting Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|-----------------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ <u>78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

Jason Keith Brooke

Name (printed or typed)

7049 Mill Run Circle

Address

Naples, FL 34109

City, State & Zip

425-256-0900

Daytime Telephone Number

jason.k.brooke@baeservices.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Jason Keith Brooke, President,
(Name) (Title)

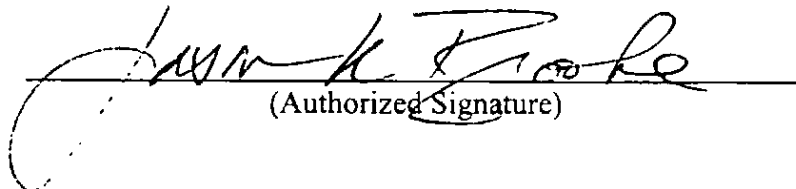
of Brooke Consulting Inc a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 5, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Washington State.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Brooke Consulting Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Brooke Consulting Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 14526 Willow Lane SE, Mill Creek, WA 98012.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO, of Brooke Consulting Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 10 day of May, 2019.


(Authorized Signature)

Filing Fee:

| | |
|--|----------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | \$ 78.75 |
| Total to domesticate and file | \$128.75 |

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FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Brooke Consulting Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

7049 Mill Run Circle

PO Box 7081

Naples, FL 34109

Naples, FL 34101

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Aviation Consulting for the certification and modification of fixed and rotary wing aircraft

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ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Jason K Brooke

CEO/President

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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DATE 07-11-2011 BY 604



ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

~~Brooke Consulting Inc~~ JASON K BROOKE

7049 Mill Run Circle

Naples, FL 34109

ARTICLE VII INCORPORATOR


THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Jason K Brooke

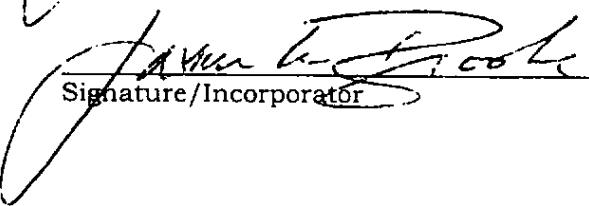
PO Box 7081

Naples, FL 34101

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

24 MAY 2019
Date


Signature/Incorporator

24 May 2019
Date

FILED
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TALLAHASSEE, FLORIDA