## T. Norris 834 Tarpon Dr FWB, FL 32548 City/State/Zip Phone # 400003324944--8 -07/17/00--01111-001 \*\*\*\*125.00 \*\*\*\*\*125.00

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known)
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1. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Photocopy  Certified Copy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  ☐ Annual Report ☐ Fictitious Name	REGISTRATION/OUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## **ARTICLES OF ORGANIZATION**

OF

## BRICKART, LLC

THE UNDERSIGNED NATURAL PERSONS, AT LEAST EIGHTEEN (18) YEARS OF AGE, FOR THE PURPOSE OF FORMING A LIMITED LIABILITY COMPANY UNDER THE FLORIDA STATUTES CHAPTER 608, HEREBY SUBMIT THE FOLLOWING:

ı.

THE NAME OF THIS LIMITED LIABILITY COMPANY IS BRICKART, LLC

11.

THIS LIMITED LIABILITY COMPANY SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED BY LAW.

111.

THIS LIMITED LIABILITY COMPANY MAY TRANSACT ANY AND ALL LAWFUL BUSINESS FOR WHICH LIMITED LIABILITY COMPANIES MAY BE ORGANIZED UNDER FLORIDA STATUTES.

IV.

THE STREET ADDRESS AND MAILING ADDRESS OF THE INITIAL REGISTERED OFFICE OF
THIS LIMITED LIABILITY COMPANY SHALL BE:

834 TARPON DRIVE, FORT WALTON BEACH, FL 32548

AND THE NAME OF THE INITIAL REGISTERED AGENT OF THIS LIMITED LIABILITY COM

JEANETTE E. NORRIS

THE PRINCIPAL PLACE OF BUSINESS SHALL BE LOCATED AT:

834 TARPON DRIVE, FORT WALTON BEACH, FL 32548

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VI.

THE EXISTENCE OF THE LIMITED LIABILITY COMPANY SHALL COMMENCE ON THE FILING DATE.

X.

The person signing these articles of organization is a member and AUTHORIZED REPRESENTATIVE OF THE LIMITED LIABILITY COMPANY.

IN WITNESS WHEREOF, I HAVE SUBSCRIBED MY NAME THIS

2000.

STATE OF FLORIDA COUNTY OF OKALOOSA

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED, JEANETTE É. NORRIS PRODUCING FLORIDA DRIVER'S LICENSE N620-425-56-917-0 AS IDENTIFICATION, TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO EXECUTED THE FOREGOING ARTICLES OF ORGANIZATION, AND ACKNOWLEDGED TO AND BEFORE ME THAT SHE SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL/STAMP THIS f'' DAY OF JULY, 2000.



## STATEMENT OF REGISTERED AGENT

I, JEANETTE E. NORRIS, HAVING BEEN APPOINTED AS REGISTERED AGENT FOR BRICKART, LLC, A LIMITED LIABILITY COMPANY, DO HEREBY STATE THAT I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THAT POSITION AS PROVIDED FOR IN FLORIDA STATUTES CHAPTER 608 AND CONFIRM THAT MY STREET ADDRESS IS:

834 TARPON DRIVE, FORT WALTON BEACH, FL 32548

STATE OF FLORIDA COUNTY OF OKALOOSA

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED, JEANETTE E. NORRIS PRODUCING FLORIDA DRIVER'S LICENSE N620-425-56-917-0 AS IDENTIFICATION, TO BE THE PERSON WHO EXECUTED THE FOREGOING STATEMENT, AND ACKNOWLEDGED TO AND BEFORE ME THAT SHE SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL/STAMP THIS 14 DAY OF JULY, 2000.

PAUL H. JOHNSON MY COMMISSION # CC 873707 EXPIRES: September 22, 2003 Bonded Thru Notary Public Underwriters