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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C)	ity/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Solvision of Co				
SIIR	₹ ८ °Т∙	BRK Inv	estments, LLC		
3000	(Name of Limited Liability Company)				
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing		
		condence concerning this matter	-		
	•	ROSELYN R.	_		
			Name of Person)		
	(Firm/Company)				
		8802 Ches	terton Place		
			(Address)	· · · · · · · · · · · · · · · · · · ·	
		Tampa,	Florida 33635		
		(City	/State and Zip Code)		
For fur	ther information	concerning this matter, please	cali:		
Ro:	Selyn R-	Piedad	m 813 814	- <i>2354</i>	
	(Name	e of Person)	at (8/3) 8/4 (Area Code & Daytime T	elephone Number)	
Enclos	ed is a check fo	or the following amount:			
_		\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
BRK Investme	ents, LLC
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
genz Chestecton Place	7028 w. Waters Ave. # 234 Tampa, Florida 33634-2292
8802 Chesterton Place Tampa, Florida 33635	Tampa, Florida 33634-2292
	R. Piedad
	esterton Place
	et address (P.O. Box NOT acceptable)
lamp	0a. FL 33635
City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as eacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
$\mathcal{L}_{i,j}$	white .

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	Roselyn R. Piedad				
	8802 Chesterton Place Tampa, Fl. 33635				
MGRM	Basilio E. Piedad				
	ggo2 chesterton Place Tampa, Fl. 33635				
(Use attachment if necessary)					
ARTICLE V: 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 to or 90 days after the date of filing.)					
REQUIRED SIGNATURE:					
Ampilet.					
Signature of a member or an authorized representative of a member.					
of this document constit	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
	DEELYN R. PIEDAD				
Tyr	ped or printed name of signee				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)