L09000014807

(Re	questor's Name)	<u>.</u>
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		•

Office Use Only



500143357855

02/12/09--01016--014 **160.00

2009 FEB 12 AN IO: 23
SECRETARY OF STATE
AND SECRETARY OF STATE

C. LEWIS
FEB 1 3 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brick City Contracting L	LC
	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ronald L. O'Laughlin	
	(Name of Person)
Brick City Contracting LLC	
	(Firm/Company)
1314 SE 49th Ave.	
	(Address)
Ocala, Fl. 34471	
(C	ity/State and Zip Code)
For further information concerning this matter, plea-	se call:
Ronald L. O'Laughlin	at (352) 266-9164
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2009 FEB 12 AM 10: 23

IRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ECOMPANY. TALLAHASSEE, FLORI						
ARTICLE I - Name: The name of the Limited Liability Company is:						
Brick City Contracting LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
					Principal Office Address:	Mailing Address:
					1314 SE 49th Ave.	1314 SE 49th Ave.
Ocala, Fl. 34471	Ocala, Fl. 34471					
The name and the Florida street address of the Ronald L. O'Laughlin Name	<u>n</u>					
1314 SE 49th Ave.						
	dress (P.O. Box NOT acceptable)					
Ocala, Fl. 34471	FL					
City, State,	······································					
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my-position as regional forms.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S					
Registered Agent's Signa	ture (REQUIRED)					

(CONTINUED) Page 1 of 2

FILED

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

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

2009 FEB 12 AM 10: 23

Manager	Ronald L. O'Laughlin	
	1314 SE 49th Ave.	
	Ocala, Fl. 34471	
		.
	-	
	·	
		
		
(Use attachment if necessary)		
(Use attachment if necessary)		

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

Ronald L. O'Laughlin

Typed 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)