

L11000093300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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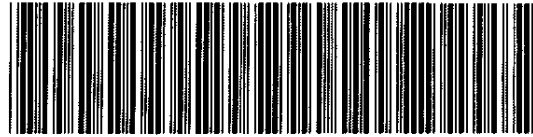
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/15/11--01005--002 **125.00

FILED

11 AUG 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

11 AUG 15 AM 10:09

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Brick House LLC
Name of Limited Liability Company

FILED
11 AUG 15 AM 10:16
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Mercer Fearington Sr Trustee of
Paul Mercer Fearington Sr Revocable Trust
Name of Person

Firm/Company

4997 Vet Mem Dr
Address

Tallahassee Fla 32309
City/State and Zip Code

MercerDr@FSRFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Mercer Fearington Sr, Trustee
Name of Person at (850) 251-0408
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Brick House 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:

4997 Vet Mem Dr
Tallahassee, FL
32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Paul Mercer Hearington Sr.
Name

4997 Vet Mem Dr
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 71 32309
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Paul Mercer Hearington Sr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
11 MAR 15 AM 10:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

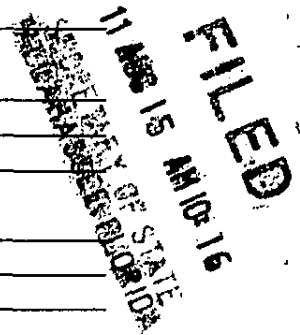
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Paul Mercer Fearington Sr Revocable Trust
4997 Vet Mem Dr
Tallahassee FL 32309



(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:

Paul Mercer Fearington Sr. Trustee
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. I am aware that any 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.)

PAUL MERCER FEARINGTON SR REVOCABLE TRUST
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)