14000032956

(Requestor's Name)
(Address)
(144,555)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status

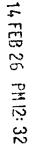
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02/26/14--01022--006 **125.00



COVER LETTER

Division of Corporations	
SUBJECT: BRICK Elec Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Bobby Buckle	Name of Person
	Firm/Company
9937 1087	Lange 1
	Address
LIVI DAK, I. Cit Parti of Dunds Email address: (to be used	Address J. J. J. Z.
For further information concerning this matter, pleas	e call:
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 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:		•
BRICK Electr		
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
rincipal Office Address:	Mailing Address:	
9977 108 IL TRAIL		
22000		
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own mother business entity with an active Florida registration.	n Registered Agent. You must designate an individual o)r
The name and the Florida street address of the registere	_	1
Dobby A Mic Nam	the mail	こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ
7937 108- Florida street address (P.O. Bo		
LIVE DAL	FI 1F14 72060 3	¢

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 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

City

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager ANBR	70664 Brickles 9977 10746 47471 100 AK, FIL 32000
	<u> </u>
(1) 1 10	
	te of filing: (OPTIONAL)
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days at
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