

# L1500045819

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.  
BRICE CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
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March 13, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: BRICE CONSULTING, LLC  
REF: W15000017885

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Page 1 the Registered Agents acceptance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000063599  
Letter Number: 815A00005113

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FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H15000063599

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

BRICE CONSULTING, 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:

800 SW 55<sup>TH</sup> AVE

800 SW 55<sup>TH</sup> AVE

MARGATE, FL 33068

MARGATE, FL 33068

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

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

GIZELLE BRICE

Name

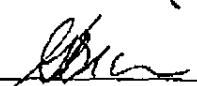
800 SW 55<sup>TH</sup> AVE

Florida street address (P.O. Box NOT acceptable)

MARGATE, FL 33068

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 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 provided for in chapter 605, F.S.*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR"= Authorized Member

"MGR"= Manager

**Name and Address:**

MGR

GIZELLE BRICE

800 SW 55<sup>TH</sup> AVE

MARGATE, FL 33068

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203(1) (b), 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.)

GIZELLE BRICE

Typed or printed name of signer

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