

L18 000083044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

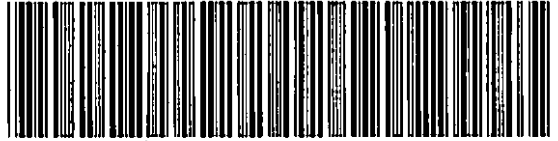
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 05 2018



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

March 9, 2018

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for

BRICK CITY PARTNERS, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
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Total	\$ 125.00
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Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2018

JOHN T. DRISCOLL, P.A.
825 SE 3RD AVE, SUITE 200
OCALA, FL 34471

SUBJECT: BRICK CITY PARTNERS, LLC
Ref. Number: W18000026649

We have received your document for BRICK CITY PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 718A00005567

**ARTICLES OF ORGANIZATION
FOR
BRICK CITY PARTNERS, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

BRICK CITY PARTNERS, LLC

ARTICLE II. - MAILING ADDRESS

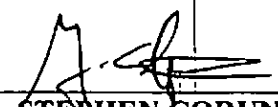
The mailing address and the principal office address are the same.

621 SE 43RD AVE
OCALA, FL 34471

ARTICLE III. - REGISTERED AGENT

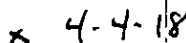
G. STEPHEN CORUN
621 SE 43RD AVE
OCALA, FL 34471

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.

Signature 

**G. STEPHEN CORUN
Registered Agent**

Date



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV. - MANAGING MEMBERS

**G. STEPHEN CORUN
621 SE 43RD AVE
OCALA, FL 34471**

**JIM A LEFEBVRE
3100 SW COLLEGE RD, STE 316
OCALA, FL 34474**

**LAURENCE W CLEMENS III
5 PECAN DRIVE RUN
OCALA, FL 34472**

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **APRIL 1, 2018**

Signature x

**G. STEPHEN CORUN
MGRM**

Date x 4-4-18

Signature _____

**JIM A LEFEBVRE
MGRM**

Date _____

Signature _____

**LAURENCE W CLEMENS III
MGRM**

Date _____

**FILED
18 APR -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**