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(Requestor's Name)

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(City/State/Zip/Phone #)

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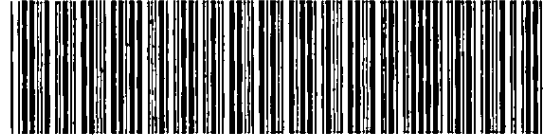
(Business Entity Name)

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## *John T. Driscoll, P.A.*

Certified Public Accountant \ MBA

825 SE 3<sup>rd</sup> Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: [cpa@jtdriscollcpa.com](mailto:cpa@jtdriscollcpa.com)

March 26, 2018

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

FILED  
18 APR -2 AM 9:17  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for  
**BRICK CITY PARTNERS II, LLC**

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

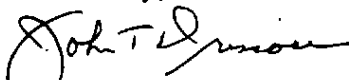
Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.  
825 SE 3<sup>rd</sup> 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

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

**ARTICLE II. - MAILING ADDRESS**

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

**621 SE 43<sup>RD</sup> AVE  
OCALA, FL 34471**

**ARTICLE III. - REGISTERED AGENT**

**G. STEPHEN CORUN  
621 SE 43<sup>RD</sup> AVE  
OCALA, FL 34471**

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TALLAHASSEE, FL

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

3-27-18

**ARTICLE IV. – AUTHORIZED MEMBER (AMBR)**

**G. STEPHEN CORUN  
621 SE 43<sup>RD</sup> AVE  
OCALA, FL 34471**

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

**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 \_\_\_\_\_

  
**G. STEPHEN CORUN  
AMBR**

Date 3-27-18

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