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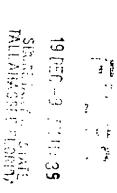
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COVER LETTER

TO:	New Filing Section Division of Corporations				
SHRIE	Bricals LLC				
SUBJECT: Name of Limited Liability Company					
The encl	closed Articles of Organization and fee(s) are s	submitted for filing.			
Please ro	return all correspondence concerning this matt	er to the following:			
	Briana Michelle Polichnia				
		Name of Person			
	Bricals LLC				
		Firm/Company	·		
	6434 Heidi Road				
		Address			
	Jacksonville, FL 32277				
	City brianapolichnia@gmail.com	y/State and Zip Code			
		or future annual report notification)			
For furthe	er information concerning this matter, please c	rall:			
	Briana Michelle Polichnia 816	536-7466			
		a Code Daytime Telephone Number			
Enclosed	ed is a check for the following amount:				
	0 Filing Fee S130.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified	Filing Fee, ate of Status & 3 Copy 1 copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:			
Bricals LLC				
(Must conta	in the words "Limited I	Liability Company, "	L.IC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited L	liability Company is:	
Principal Office Address:			Mailing Address:	
Bricals LLC 6434 Heidi Road			Bricals LLC 6434 Heidi Road	
Jacksonville, FL 32277			Jacksonville, FL 32277	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad-	cannot serve as its own ctive Florida registratio	Registered Agent, Yon,)	's Signature: ou must designate an individual or	
Briana Michelle Polichnia				
Name				
	6434 Heidi Road_			
	Florida street address (P.O. Box NOT acceptable)			
	Jacksonville	Florida	32277	
	City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Briana Michelle Polichnia
	6434 Heidi Road
	Jacksonville, FL 32277
	
	
(Use attachment if necessary)	
e date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Polarling
Signature of a m This document is exect I am aware that any fals	tember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
<u> </u>	ina Polichnia
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)