Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JTAX CORP Account Number : 120200000009

Phone : (954)544-1000

Fax Number

: (888)505~5822

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: HELLO@JTAXCORP.COM

FLORIDA LIMITED LIABILITY CO. BRICKYARD INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
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FEB 1 0 2020

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

BRICKYARD INVESTMENTS LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

To:

Mailing Address:

23123 STATE RD STE 315 BOCA RATON FL 33428

23123 STATE RD 7 STE 315 BOCA RATON FL 33428

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JTAX CORP

Name

23123 STATE RD STE 315

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

BOCA RATON 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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

Registered Agent Signature (REQUIRED)

ARTICLE IV-

Fax: 18885055822

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

Title: "AMBR" = Authorized Member	Name and Address:
*MGR" - Manager <u>AMBR</u>	BRUNO CHAVES VIOLANTE R PAULO FRONTIN 1471 APTO 303 SETE LAGOAS, MG 35700-049 BRAZIL
·	SETE LAGOAS. MG 35700-049 BRAZIL
	AN IO: 09
Tan effective date is listed, the date must be s ie date of filing.)	te of filing:
RTICLE VI: Other provisions, if any, EAL ESTATE INVESTMENTS	
REQUIRED SIGNATURE:	
Signature of a n This document is exec	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

BRUNO CHAVES VIOLANTE

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)