

L20000107902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

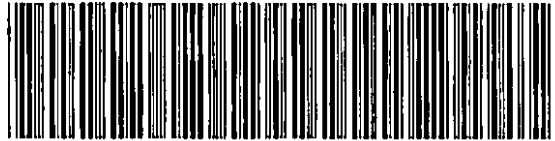
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/20/20--01029--004 \*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TQ:** New Filing Section  
Division of Corporations

**SUBJECT:** Brick City Repairs and Maintenance, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clay Lehman

Name of Person

Brick City Repairs and Maintenance LLC

Firm/Company

2215 E. Fort King St.

Address

Ocala, FL 34471

City/State and Zip Code

clay@resoluteocala.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clay Lehman

352

414-5293

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brick City Repairs and Maintenance LLC

(Must contain 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:

2215 E. Fort King St  
Ocala, FL 34471

Mailing Address:

2215 E. Fort King St  
Ocala, FL 34471

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:

Clay Lehman

Name

2215 E. Fort King St

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

Ocala

FL

34471

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)

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TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Clay Lehman  
4998 SW 2nd Court  
Ocala, FL 34471

MGR

Kelly Lehman  
4998 SW 2nd Court  
Ocala, FL 34471

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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

**REQUIRED SIGNATURE:**

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

This document is executed 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.

Clay Lehman

\_\_\_\_\_  
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)

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TALLAHASSEE, FL

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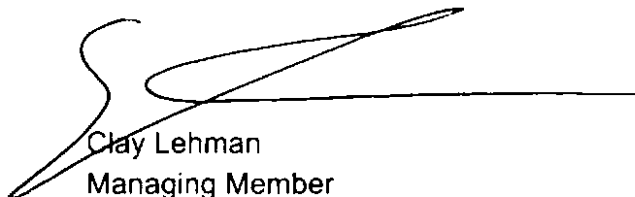
To: State of Florida, Division of Corporations  
Re: Brick City Repairs and Maintenance LLC

To whom it may concern,

Please accept this letter as my attestation that I am the owner of Brick City Repairs and Maintenance, LLC. I have the right and desire to file the attached Articles of Organization on behalf of Brick City Repairs and Maintenance, LLC. I mistakenly filed the Company as a Florida Profit Corporation on January 31, 2020, document number P20000011271. My intent was to file as a Limited Liability Corporation. I completed the online filing to dissolve the Profit Corporation today, April 15, 2020.

Please let me know if you require any additional paperwork or have any questions about this filing.

Sincerely,



Clay Lehman  
Managing Member  
Brick City Repairs and Maintenance

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