

1/13/2021

L210000172363
 Division of Corporations
 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 : KATZ BASKIES & WOLF PLLC
 Account Number : 120080000071
 Phone : (561)910-5700
 Fax Number : (561)910-5701

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

Email Address: jeff.baskies@katzbaskies.com

FLORIDA LIMITED LIABILITY CO.
Brick Top Ventures LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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 11:11 PM
 TALLAHASSEE, FLORIDA

2021 JAN 13 PM 2:57

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COVER LETTER

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

SUBJECT: Brick Top Ventures 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:

Jeffrey A. Baskies
Name of Person

Katz Baskies & Wolf PLLC
Firm/Company

3020 North Military Trail Suite 100
Address

Boca Raton, FL 33431
City/State and Zip Code

jeffrey.baskies@katzbaskies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey A. Baskies 561 910-5700
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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BRICK TOP VENTURES 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>5550 GLADES ROAD</u>	<u>5550 GLADES ROAD</u>
<u>SUITE 500</u>	<u>SUITE 500</u>
<u>BOCA RATON, FL 33431</u>	<u>BOCA RATON, FL 33431</u>

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:

<u>ALEXANDER BAFER</u>		
Name		
<u>5550 GLADES ROAD SUITE 500</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>BOCA RATON</u>	<u>FL</u>	<u>33431</u>
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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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 _____

ALEXANDER BAFER
5550 GLADES ROAD SUITE 500
BOCA RATON, FL 33431

(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:

(Handwritten 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.

ALEXANDER BAFER, Manager
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)

STATE OF FLORIDA
DEPARTMENT OF STATE

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