# L21000026864

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 January 28, 2021 Date:\_ **David Shulman** Name: 1318693 Reference #:\_\_\_\_\_ **BRICKER 2412 LLC** Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name Mother Please retain the original submission date. Authorized Amount: \$125.00

-1,212,947,7200

Signature:



mm 3/1123 PH 12: 33

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2021

COGENCYGLOBAL

SUBJECT: BRICKER 2412, LLC Ref. Number: W21000007245

We have received your document for BRICKER 2412, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 521A00001635

www.sunbiz.org

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 22 AM STATE TALLAGE SECRETARIES FL.

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****	42.4		

The name of the Limited Liability Company is:

Bricker 2412 LLC

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

### ARTICLE II - Address:

ADTICLE I Name

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

Principal Office Address:	Mailing Address:
1615 SOUTH FEDERAL HIGHWAY	
SUITE 206	
BOCA RATON, FL 33432	

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:

COGENCY GLOBAL INC.			
Na	ıme		
115 North Calhoun Street, Suite 4			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee		Florida	32301
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..

/S/ Jacqueline Almeida, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerAR	Reed Baker
	1615 SOUTH FEDERAL HIGHWAY
	SUITE 206
	BOCA RATON, FL 33432
<del></del>	50.5
	2021 JAN 22
	22
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(Use attachment if necessary)	
If an effective date is listed, the date must he date of filing.)	the date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days after  s not meet the applicable statutory filing requirements, this date will not be listed as timent 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 I am aware that an	executed in accordance with section 605.0203 (1) (b), Florida Statutes.  The property of the provided section for the degree follows as provided for in s.817.155, F.S.
	/S/ Reed Baker
	Typed or printed name of signee

•

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

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)