L22000288282

(Requestor's Name)
(Address)
(Address)
'
(City/State/Zip/Phone #)
PICK-UP WAITI MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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0#***
Office Use Only



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2022 JUN 24 PM 4: 45

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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/24/2022	⇔WALK IN**
ENTITY NAME 1472 Barb	 -
1	
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
PLE	ASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES	REQUESTED
TOTAL OWED \$125	ACCOUNT #: I20160000072
	S. 8 F/W
Please call Tina at the c	bove number for any issues or concerns. Thank you so much!

1	CO	OVER LETT	ER	
TO: New Filing Se Division of Co				
1472 Barb SUBJECT:	para, LLC			
	Name of Lir	mited Liabili	ty Company	
The enclosed Articles of	f Organization and fee(s) ar	e submitted	for filing.	
Please return all corresp	ondence concerning this ma	atter to the fe	ollowing:	
GRYSKAS	OTOLONGO			
		Name of	Person	-
THOMAS	G. SHERMAN, PA.			
		Firm/Cor	npany	
90 ALMERI	IA AVENUE			
		Addre	ess	
CORAL GA	BLES, FL 33134			
		City/State and	l Zip Code	
	ntitleservices.com E-mail address: (to be used			
			indai report notificatio	911 <i>)</i>
For further information co	incerning this matter, pleaso	e call:		
Gryska Sotol	ongo 30 at ()5	444-4508)	
Nam	e of Person A:	rea Code	Daytime Telephone	Number
Enclosed is a check for the	he following amount:			
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Fi Divisio P.O. Bo	g Address iling Section on of Corporations ox 6327 assee, FL 32314	7 1 2	Street Address New Filing Section Div The Centre of Tallahas 415 N. Monroe Street Tallahassee, FL 32303	see , Suite 810

ION FOR FLORIDA LIMII	ED LJABILATY COMPAN	FILED
		2022 JUN 24 PM 4: 45
		SECHLERAL STATE TALLAHASSEE, FL
Limited Liability Compa	ny, "L.L.C.," or "LLC.")	TALLAHASSEE. FL
rincipal office of the Limi	ted Liability Company is:	
ress:	Mailing Ac	<u>fdress</u> :
1	175 NE 125TH STREET	
	-	
is its own Registered Ager egistration.) registered agent are: G. SHERMAN, P.A. Name	nt. You must designate an	individual or
	L'acceptable)	
-	er:	
cept service of process for the appointment as regis statutes relating to the pro- position as registered age Registered Agent's Sig	the above stated limited litered agent and agree to a per and complete performation of the performant as provided for in Chap	et in this capacity. I ance of my duties, and I
	'Limited Liability Compa rincipal office of the Limi ress: Main	"Limited Liability Company, "L.L.C.," or "LLC.") rincipal office of the Limited Liability Company is: ress: Mailing Ac 1175 NE 125TH STREET MIAMI, FL 33161 d Office, & Registered Agent's Signature: is its own Registered Agent. You must designate an egistration.) registered agent are: G. SHERMAN, P.A. Name UA AVENUE et address (P.O. Box NOT acceptable) s. FL 33134

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma	nager i		
MGR	<u> </u>	BRICK ONE, LLC, a Florida limited liability company 1175 NE 125TH STREET	
		MIAMI, FL 33161	
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		SSE PH	
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71.1			
	ent if necessary)		
CLE V: Effective	date, if other than the date	e of filing: (OPTIONAL)	
effective date is I	isted, the date must be sp	pecific and cannot be more than five business days prior to or 90 days	a fter
te of filing.)	ad in this blook door not	meet the applicable statutory filing requirements, this date will not be li	ted a
	e date on the Department		ico a
	,	or outer a records.	
CLE VI: Other pr	ovisions, if any.		
			,
	i i		
REOUIRED:	SIGNATURE:	DocuSigned by:	
		Frank Rodriguez Melo	
	Signature of a m	ember or an authorized representative of a member.	
		11 11 11 11 11 11 11 11 11 11 11 11 11	
	This document is execu	ited in accordance with section 605.0203 (1) (b), Florida Statutes.	
	This document is execu I am aware that any fals	e information submitted in a document to the Department of State	
	This document is execu I am aware that any fals	te information submitted in a document to the Department of State see felony as provided for in \$.817.155, F.S.	
	This document is execu I am aware that any fals constitutes a third degre	e information submitted in a document to the Department of State	

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)