

L23000528567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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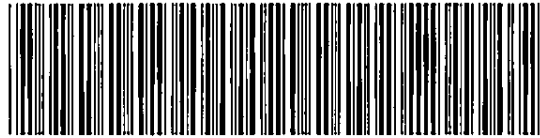
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 20 AM 9:29

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Brian J. Correia & Associates, 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:

Brian J. Correia

Name of Person

Brian J. Correia & Associates, LLC

Firm/Company

4631 S. Atlantic Ave. #8401

Address

Ponce Inlet, FL 32127

City/State and Zip Code

Brian.Correia01@gmail.com

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

For further information concerning this matter, please call:

Brian J. Correia

386

872-0796

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

State of Florida
Articles of Organization
Brian J. Correia & Associates, LLC
A Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FL

1. **Name**. The name of the limited liability company is Brian J. Correia and Associates, LLC.
2. **Known Place of Business**. The address of the company's known place of business in Florida is 4631 S. Atlantic Ave., #8401, Ponce Inlet, FL 32127.
3. **Registered Agent**. Brian J. Correia, 4631 S. Atlantic Ave., #8401, Ponce Inlet, FL 32127 is appointed, and by the authorized signature below accepts the appointment to act as the statutory agent for services of process.

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 related 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 in Chapter 605, F. S.



Registered Agent's Signature: Brian J. Correia

4. **Name and Address of Managers**. The name of the initial manager and their address at the time of formation of the limited liability company is:

Brian J. Correia (AMBR)

4631 S. Atlantic Ave. #8401

Ponce Inlet, FL 32127

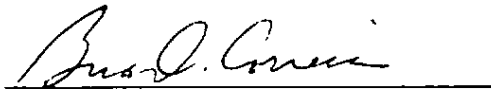
Allison D. Correia (AMBR)

4631 S. Atlantic Ave. #8401

Ponce Inlet, FL 32127

5. **Effective Date, Date of Dissolution, Continuation of Business.** The limited liability company will exist in perpetuity effective January 1, 2024. The remaining members may continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the company.
6. **Indemnification of Members, Officers, Management.** The Company shall indemnify and pay the expenses as incurred of an individual made a party to a proceeding because he is or was a manager, member, officer or organizer of the Company or the Company's benefit/retirement plan against liability incurred in the proceedings if such person: (a) conducted himself or herself in good faith; (b) reasonably believed that his or her conduct was at least not opposed to the Company's or the employees'/retirement plan beneficiaries' best interest; and (c) had no reasonable cause to believe that his or her conduct was unlawful or of a criminal nature.

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 2.817.155, FS



Brian J. Correia

SECRETARY OF STATE
TALLAHASSEE, FL

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