(Requestor's Name)			
(Address) (Address)	200317641192		
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)	11/03/18-−01016001 ++160.00		
rtified Copies Certificates of Status			
	NUL VON BURNEL		
Office Use Only	M. MILLIGAN Nov 2 6 2018		

COVER LETTER

TO: Registration Section Division of Corporations

BRIXIA LLC SUBJECT:

Name of Limited Liability Company

_ - -

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MATTHEW B	RESCIA			
		ame of Person		
BRINIA LLC				
	Hi	irm Company		
6 CEDAR HIL	L DRIVE			
		Address		
WARWICK, N	SY 10990			
		tate and Zip Code		
MATTHEW.BR	ESCIA@GMAIL.COM			
	E-mail address: (to be used	d for future annual	report not	itication)
For further information concerning	g this matter, please call;			
MATTHEW BRESCIA		516 au	524-07	25
Name c	of Contact Person	Area Code	Day	time Telephone Number
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division & Registrati Clifton Bi 2661 Exe	ADDRESS: of Cornorations on Section uilding cutive Center Circle ce. FL 32301
Enclosed is a check for the follow				-
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Film Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L BRIXIA LLC

2. NEW YORK (Jurisdiction under the law of which			
(Jurisdiction under the law of which		3 83-2299040	
	foreign limited liability company is organized)	(FEI numb	er, if applicable)
4.			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration) e penaîty hability)	
5 6 CEDA HILL DRIVE		6 CEDAR HILL DRIVE	
(Street Address of Prine	spal Office)	(Mailing Addr	
WARWICK NY 10990		WARWICK NY 10990	
7. Name and street address o	f Florida registered agent: (P.O. Box)	<u>NOT</u> acceptable)	
Name: E	VAN COHN		
			المستر والم
Office Address: 1	050 BRICKELL AVE, APT 2302		11 F. F.
N	ЛАМІ	, Florida <u>33131</u>	
-	(Сйу)	(Zip code	·)
Registered agent's acceptan			at a - etc
	tered agent and to accept service of p n. I hereby accept the appointment as		
designated in this application		i chister cu agent ana agree to act	In the capacity i pertite agree
	s of all statutes relative to the proper of	and complete performance of my a	
to comply with the provision.		and complete performance of my c	
to comply with the provision.	s of all statutes relative to the proper o	and complete performance of my a	
to comply with the provision.	s of all statutes relative to the proper o		
to comply with the provision: and accept the obligations of 	s of all statutes relative to the proper of my position as registered agent. In Man (Registered agent's sp	Fusture)	
to comply with the provision: and accept the obligations of 	s of all statutes relative to the proper of (my position us registared agent.	Fusture)	duties, and I am familiar with
to comply with the provision: and accept the obligations of 	s of all statutes relative to the proper of my position as registered agent. (Registered agent's so y and address of the person(s) who has <u>Name and Address:</u>	gnature) /have authority to manage is/are:	
to comply with the provisions and accept the obligations of 	s of all statutes relative to the proper of (my position as registared agent. (Registered agent's si y and address of the person(s) who has	gnature) /have authority to manage is/are:	duties, and I am familiar with

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Matchew & Broca

Signature of an authorized person

MATTHEW S. BRESCIA

Typed or printed name of aignee

State of New York Department of State } ss:

I hereby certify, that BRIXIA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/23/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of November two thousand and eighteen.

É

Whitney Clark

Whitney Clark Deputy Secretary of State

Scanned with CamScanner