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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

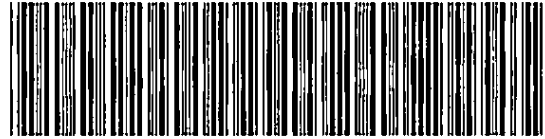
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20 SEP 21 AM 11:16
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKHOUSE OPCO I LLC

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:

HEATHER GRIFFITH

Name of Person

MULTISOURCE INTERNATIONAL LLC

Firm/Company

1614 E CHURCHVILLE ROAD, SUITE 100

Address

BEL AIR MD 21015

City/State and Zip Code

licensingadmin@multisourcellc.com

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

For further information concerning this matter, please call:

Heather Griffith

443

371-6705

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

20 SEP 21 AM 11:10

RECEIVED

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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BRICKHOUSE OpCo LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1628957

(F.T.I. number, if applicable)

4. NA

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4053 Maple Street

(Street Address of Principal Office)

6. 2351 N Forest Road

(Mailing Address)

Suite 122

Suite 110

Amherst NY 14226

Getzville NY 14068

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 N Calhoun Street, Suite 4

Tallahassee

(City)

Florida

32301

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

SEP 21 AM 11:10

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Luis Mendez

☒ Member Address: 4053 Maple Street

☐ Authorized Suite 122

Person Amherst NY 14226

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Lawrence Schiavi

☒ Member Address: 4053 Maple Street

☐ Authorized Suite 122

Person Amherst NY 14226

☐ Other _____ ☐ Other _____

☐ Manager Name: Howard Boyle Jr.

☒ Member Address: 4053 Maple Street

☐ Authorized Suite 122

Person Amherst NY 14226

☐ Other _____ ☐ Other _____

☐ Manager Name: Neil Walsh

☒ Member Address: 4035 Maple Street

☐ Authorized Suite 122

Person Amherst NY 14226

☐ Other _____ ☐ Other _____

☐ Manager Name: Heather Griffith

☐ Member Address: 1614 E Churchville Road

☒ Authorized Suite 110

Person Bel Air MD 21015

☐ Other _____ ☐ Other _____

☒ Manager Name: David Maczka

☐ Member Address: 2351 N Forest Road

☐ Authorized Suite 110

Person Getzville NY 14068

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

A. M. Boyle Jr.
Signature of an authorized person

Howard Boyle Jr. - Member
Typed or printed name of signee

State of New York
Department of State } **ss:**

I hereby certify, that BRICKHOUSE CPCC I LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/26/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of September
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State