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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

AL

LIMITED LIABILITY COMPANY

BRIDGES ADN SHIELDS, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR
BRIDGES AND SHIELDS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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01 JUL 12 PM 2:32
TALLAHASSEE, FLORIDA

ARTICLE I
(NAME)

The name of the Limited Liability Company is:

BRIDGES AND SHIELDS, LLC

ARTICLE II
(ADDRESS)

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

c/o Sofia Powell-Cosio, P.A.
1390 Brickell Ave., Ste. 200
Miami, Florida 33131

ARTICLE III
(DURATION)

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
(MANAGEMENT)

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

Christopher Brian Bridges

c/o Sofia Powell-Cosio, P.A.
1390 Brickell Ave., Ste. 200
Miami, Florida 33131

Roberta Jeanne Craig Shields

5921 Gunther Ct.
Centreville, VA 20120

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This Instrument Prepared By:

Sofia Powell-Cosio, Esq.
1390 Brickell Avenue, Suite 200
Miami, Florida 33131
(305) 579-9988
Florida Bar No. 0867942

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE V
(ADMISSION OF ADDITIONAL MEMBERS)**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (i) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the remaining members and by (ii) filing a supplemental affidavit of capital contributions with Department of State, State of Florida setting forth the actual contributions of all members.

**ARTICLE VI
(MEMBERS RIGHTS TO CONTINUE BUSINESS)**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a membership of a member in the limited liability company shall be as set forth in a unanimous resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED Organizer, for the purpose of forming an organization to do business within the State of Florida, do make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.


Christopher Brian Bridges


Roberta Jeanne Craig Shields

STATE OF FLORIDA

COUNTY OF DADE-MIAMI

} ss:

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, Christopher Brian Bridges, personally appeared to me known to be the person described in the foregoing Articles of Organization and he acknowledged before me that he executed said Articles of Organization.

WITNESS my hand and seal in said State and County, this 10th day of June, 2001.


NOTARY PUBLIC

COMMISSION EXPIRES:

[OTHER NOTARY ACKNOWLEDGEMENT ON NEXT PAGE]

Notary Public, Clayton County, Georgia
My Commission Expires May 2, 2004

STATE OF FLORIDA *VA*

COUNTY OF ~~DASH~~ *Fairfax*

} ss:

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, Roberta Jeanne Craig Shields, personally appeared to me known to be the person described in the foregoing Articles of Organization and she acknowledged before me that she executed said Articles of Organization.

WITNESS my hand and seal in said State and County, this *2nd* day of ~~June~~ *July*, 2001.

Asher Serehi

NOTARY PUBLIC

COMMISSION EXPIRES: *May 31st 2004*

TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, THE STATE OF FLORIDA.

1. The name of the limited liability company is:

BRIDGES AND SHIELDS, LLC

2. The name and address of the registered agent and office

Sofia Powell -Cosio, Esq.
SOFIA POWELL-COSIO, P.A.
1390 Brickell Ave.
Suite 200
Miami, Florida 33131

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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.

Sofia Powell-Cosio, P.A.

By: Sofia Powell-Cosio
Sofia Powell-Cosio, Esq.

6/28/01
Date:

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