

L15000129295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

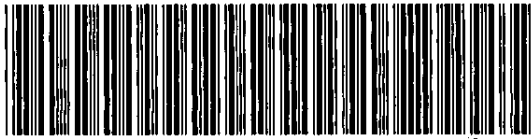
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 30 2015
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WOW BRIDGE, LLC

- ___ Art of Inc. File_____
- ___ LTD Partnership File_____
- ___ Foreign Corp. File_____
- ___ L.C. File_____
- ___ Fictitious Name File_____
- ___ Trade/Service Mark_____
- ___ Merger File_____
- ___ Art. of Amend. File_____
- ___ RA Resignation_____
- ___ Dissolution / Withdrawal_____
- ___ Annual Report / Reinstatement_____
- ___ Cert. Copy_____
- ___ Photo Copy_____
- ___ Certificate of Good Standing_____
- ___ Certificate of Status_____
- ___ Certificate of Fictitious Name_____
- ___ Corp Record Search_____
- ___ Officer Search_____
- ___ Fictitious Search_____
- ___ Fictitious Owner Search_____
- ___ Vehicle Search_____
- ___ Driving Record_____
- ___ UCC 1 or 3 File_____
- ___ UCC 11 Search_____
- ___ UCC 11 Retrieval_____
- ___ Courier_____

Signature _____

Requested by: SETH

07/30/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WOW BRIDGE, 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:

PAULA BRODESSER

Name of Person

R. JEFFREY STULL, P.A.

Firm/Company

602 SOUTH BOULEVARD

Address

TAMPA FL 33606

City/State and Zip Code

Jeff@stullpa.com

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

For further information concerning this matter, please call:

Paula Brodesser **813** **251-3914.**

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOW BRIDGE LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

602 South Boulevard
Tampa, FL 33606

602 South Boulevard
Tampa, FL 33606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

R. Jeffrey Stull, Esquire

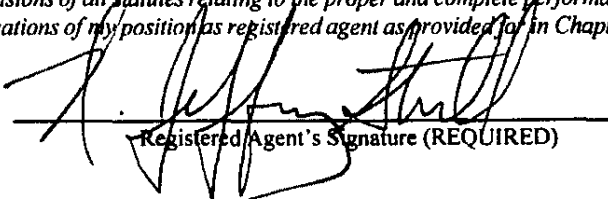
Name

602 South Boulevard

Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33606
City State Zip

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 as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

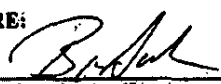
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	148 Development Corp.
"MGR" = Manager	1732 East 12 Street
<u>MGR</u>	Brooklyn, NY 11229
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
 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.817.355, F.S.

Boris Saks, Esq. PLLC; Attorney for 148 Development Corp.
 Typed or printed name of signee

- 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)

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