9069 SE BRIDGE ROAD Lobe Sound, FL 33455 561 - 545- 1930

5 23 00

Floreign Dept of State 00789 - 00423-00671

To Whom it MAY Concern -

ELC. ENclosed is OUR CHECK & ARTICLES OF ORGANIZATION FOR AN Please ReTURN ANY PAPERWORK OR QUESTIONS TO THE

Above Captlones ADDRESS.

THANK YOU Syoney SMIDT

RELISTERED AGENT

W-13902



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2000

SYDNEY SMIDT 9069 SE BRIDGE ROAD, SUITE E HOBE SOUND, FL 33455

SUBJECT: BRIDGE ROAD PARTNERS LLC

Ref. Number: W00000013902

We have received your document for BRIDGE ROAD PARTNERS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 200A00030717

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

1901 HARINA Isle Way # 504

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

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

ARTICLE I'- Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

9069 SE BRIDGE ROAD Suite E Hobe Sound, fl 33455

BRIDGEROAD PARTHERS LLC

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

City, State, and Zip	., =
Having been named as registered agent and to accept service of process for the above statistically company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provestatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,  Registered Agent's Signature	ent as visions of all with and
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more manage therefore, a manager - managed company.	rs and is,
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.	. · · · · · ·
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Typed or printed name of signee  FILING FEES:  \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent	BIVISION OF CORPC
\$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)	CORPORATIONS 2 AM 10: 33