L05000 105534

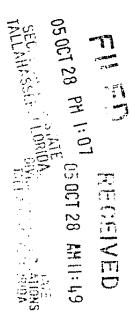
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAI	L
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to F	Filling Officer:	
Office Use Only		

l



100060751041

10/28/05--01005--023 **125.00



CAPITAL CONNECTION, INC.

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

rilyport Development,	CC
	OS OCT 21 TALLAHAS
	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
ignature	Fictitious Owner Search Vehicle Search Driving Record
equested by: U	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
ZAIK-DI WIN PICK UD	Conrier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bridgeport Development, LLC	
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7650 Courtney Campbell Cswy.	P.O. Box 1610
Suite 920 Tampa, FL 33607	Marco Island, FL 34146
	ORIDA
	address (P.O. Box NOT acceptable)
Ташра	FL 33607
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Andrew Wright 7650 Courtney Campbell Cswy. S.920 Tampa, FL 33607	
(Use attachment if necessary)		
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
MANITO		
(In accordance wi	ember or an authorized representative of a member. th section 608,408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury atted herein are true.)	
Andrew Wri	ght 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)