

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

From:
Account Name : DAVID J. WIENER, P.A.
Account Number : I20040000023
Phone : (561)366-9144
Fax Number : (561)366-9145

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Bridaplane, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
DIVISION OF CORPORATION

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TRANSMITTAL LETTER

TO: Registration Section Division of
Corporations

SUBJECT: Bridaplane, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and Facts) are submitted for filing. Please return
all correspondence concerning this matter to the following.

David J. Wiener, Esq.
(Name of Person)

David J. Wiener, P.A.
(Firm/Company)

One North Clematis Street, Suite 305
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Joanne M. Capuano at (561) 366-9144

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$125 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160 Filing Fee.
Certificate of Status
& Certified Copy
(additional copy is enclosed) |
|--|---|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Bridaplane, LLC**ARTICLE II – Address:**

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

Principal Office Address:One North Clematis StreetSuite 305West Palm Beach, Florida 33401**Mailing Address:**One North Clematis StreetSuite 305West Palm Beach, Florida 33401**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

David J. Wiener, Esq.

Name

One North Clematis Street, Suite 305

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

West Palm Beach, Florida 33401

City, State, and 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 608, F.S.



Registered Agent's Signature

2005 DEC 21 PM 1:02
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DIVISION OF CORPORATION

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Page 1 of 2

(((H05000289757 3)))

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

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

Title:

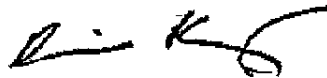
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRBrian D. KosoyOne North Clematis Street, Ste. 305
West Palm Beach, FL 33401FILED
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DIVISION OF CORPORATION
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE: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.)Brian D. Kosoy

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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