Florida Department of State
Division of Corportions
Public Actess System

Disconnic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000290164 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TOI

Division of Corporations

Fax Number

(850)205-0383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (407)422-6583 Fax Number : (954)343-6962

DIVISION OF CURPORATION

- 475

LIMITED LIABILITY COMPANY

BRIDLEWOOD MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu.

Comorate Filing

Rublic Access Help

% 2005 DEC 21 PM 1: 03

DIVISION OF CORPORATIONS

A

RTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	· · · · · · · · · · · · · · · · · · ·
BRIDLEWOOD MANAGEMENT, LLC	
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p Principal Office Address:	principal office of the Limited Liability Company is: Mailing Address:
201 East Pine Street, Suite 500	201 East Pine Street, Suite 500
Orlando, Florida 32801	Orlando, Florida 32801
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another

Name 201 East Pine Street, Suite 500 Florida street address (P.O. Box NOT acceptable) Orlando, Florida 32801 City, State, and Zip

N. Dwayne Gray, Jr.

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 (REQUIRED)

(CONTINUED) Page 1 of 2

(((H05000290164 3)))

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	r -	
MGR	Rosedale Holdings, Inc.	
171-0-7	201 East Pine Street, Suite 500	
	Orlando, Florida 32801	
·	Attn: N. Dwayne Gray, Jr.	•
•		
(Use attachment if necessary)		
•	an the date of filing:	
CLE V: Effective date, if other the effective date is listed, the date in	an the date of filing:	
CLE V: Effective date, if other the		
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.)		
CLE V: Effective date, if other the effective date is listed, the date is	aust be specific and cannot be more than five business days p	orior
CLE V: Effective date, if other the effective date is listed, the date in 0 days after the date of filing.)	aust be specific and cannot be more than five business days p	orior
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.)	aust be specific and cannot be more than five business days p	orior
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	aust be specific and cannot be more than five business days p	orior
CLE V: Effective date, if other the effective date is listed, the date me do days after the date of filing.) REQUIRED SIGNATURE: Signature of a regular of a re	member ok an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution	מוסי אחוק חדר או
CLE V: Effective date, if other the effective date is listed, the date is 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance won of this document.	member ok an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the paralities of perjury	STIPS OF CURPUR
CLE V: Effective date, if other the effective date is listed, the date me of days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance we of this document.	member ok an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of constitutes an affirmation under the paralleles of perjury stated herein are true.)	אווא אווא טויר טויר טויר טויר טויר טויר טויר טויר

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)