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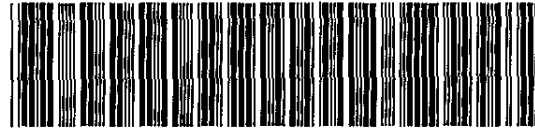
(Business Entity Name)

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2006 MAR 21 PM 12:49

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Bridgeport Representative, 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:

Deana A. Holiday  
(Name of Person)

Law Offices of Deana A. Holiday  
(Firm/Company)

17760 NW 2nd Avenue, Suite 100  
(Address)

Miami, FL 33169  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deana A. Holiday at ( 305 ) 655-2232  
(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  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
BRIDGEPORT REPRESENTATIVE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be BRIDGEPORT REPRESENTATIVE, LLC, ("Company").

**ARTICLE II - ADDRESS**

The mailing address of the company is 7350 Fairway Boulevard, Miramar, Florida 33023. The street address of the principal office of the company is 7350 Fairway Boulevard, Miramar, Florida 33023.

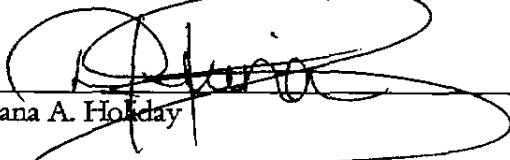
**ARTICLE III - PURPOSE**

The Company's purpose shall be to engage in any lawful business activity. The Company shall have the same powers as an individual to do all things necessary to carry out its business and affairs, including, without limitation, all powers permitted by the Florida Limited Liability Company Act.

**ARTICLE IV - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE**

The name and street address of the registered agent of the company in the state of Florida is Deana A. Holiday, 17760 NW 2<sup>nd</sup> Avenue, Suite 100, Miami, Florida 33169.

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Deana A. Holiday

**ARTICLE V - MANAGEMENT**

The Company is to be managed by the members and the name and address of the each managing member is:

DWayne Bennett  
7350 Fairway Boulevard  
Miramar, FL 33023

**ARTICLE VI - OWNERSHIP**

The initial members of the Company and their ownership interest therein shall be as set forth in the Operating Agreement of the Company.

**ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may be admitted to the Company in accordance with the terms and provisions of the Operating Agreement of the Company.

FILED

IN WITNESS WHEREOF the undersigned authorized representative has executed these  
Articles of Organization on this 17<sup>th</sup> day of March 2006.

Deana A. Holiday

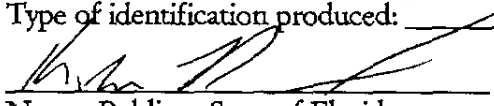
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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 17<sup>th</sup> day of March 2006 by Deana A. Holiday, who is ☒ personally known to me OR ☐ produced identification.

Type of identification produced: \_\_\_\_\_

  
Notary Public -- State of Florida

NOTARY PUBLIC-STATE OF FLORIDA  
 Kimberly D. Coward  
Commission #DD399568  
Expires: FEB. 24, 2009  
Bonded Thru Atlantic Bonding Co., Inc.