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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 06-07-07

NAME: BRIDGES TIC-TURNER, LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

COST: \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAY HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Bridges TIC - Turner, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | |
|---|---------------------------|
| Principal Office Address: | Mailing Address: |
| 1240 Marbella Piaza Drive | 1240 Marbella Piaza Drive |
| Tampa, Florida 33619 | Tampa, Florida 33619 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: NRAI Services, Inc. Name | |
| 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable) | |
| Weston City State and | FLORIDA 33331 |

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, Florida Statutes..

NRALServices, Inc.

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Turner Financial Group, Inc. 5938 Priestly Drive, Suite 101 Carlsbad, CA 92008 (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.)

Alexander T. McClain

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)