

Division of Corporations

L070000088757

Florida Department of State

Division of Corporations

Public Access System

Electronic 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.

((H07000216884 3)))



H070002168843ABC3

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

To:

Division of Corporations

Fax-Number : (850) 205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

07 AUG 29 AM 10:06
SECRETARY OF
DIVISION OF
CORPORATIONS
FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BRIDGE ALLIANCE INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

07 AUG 29 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:
BRIDGE ALLIANCE INTERNATIONAL, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or 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:

10556 NW 26 ST. STE. D101
DORAL, FL 33172

Mailing Address:

10556 NW 26 ST. STE D101
DORAL, FL 33172

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

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

Title

Name and Address:

MGRM

CESAR J. BUITRAGO
10556 NW 26 ST. STE D101
DORAL, FL 33172

MGRM

JULIO C. BUITRAGO
10556 NW 26 ST. STE D101
DORAL, FL 33172

FP (1)
SECRETARY
DIVISION
07 AUG 29 AM 10:06

ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

Joseph F. Cabanas ~ Cabanas & Associates

Name

10520 NW 26th Street- Suite C201

Florida Street Address

Doral, FL 33172

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 certificated, 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)

ARTICLE V: Effective date, if other than the date of filing: _____ (optional)

SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Joseph F. Cabanas

Type or printed name of signee.

authorized representative of a member