

UD 0000 13688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

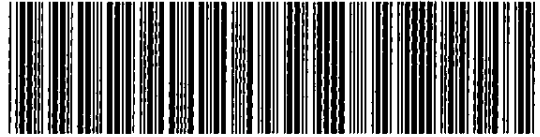
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700166327737

02/04/10--01041--008 **130.00

T. CLINE

FEB - 5 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB -4 AM 11:14

211 220

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REDBRIDGE PROPERTIES, 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:

LAURIE WEIL

Name of Person

REDBRIDGE PROPERTIES, LLC

Firm/Company

238 PALERMO AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LWEIL@REDBRIDGE.CC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURIE WEIL

Name of Person

at (**305**)

232-9040

Area Code & Daytime Telephone Number

2011 FEB - 4 AM 11:16
REGISTRATION SECTION

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REDBRIDGE PROPERTIES, LLC

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

238 PALERMO AVENUE
CORAL GABLES, FL 33134

238 PALERMO AVENUE
CORAL GABLES, FL 33134

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LAURIE WEIL

Name

238 PALERMO AVENUE

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

CORAL GABLES, 33134 FL

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.

Laurie Weil

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 FEB -14 AM 11:14
FILED
CLERK OF COUNTY OF DADE
PALM BEACH, FLORIDA

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:

MGRM

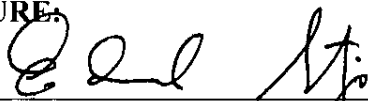
Redbridge Reinsurance Managers, LLC
238 Palermo Avenue
Coral Gables, FL 33134

(Use attachment if necessary)

2010 FEB -4 AM 11:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) . . .
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

EDMUND SANTIAGO

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)