Division of Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BRIDGER COMMUNICATIONS, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/03 EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION OF BRIDGER COMMUNICATIONS, LLC

ARTICLE I - NAME

The name of the limited liability company is Bridger Communications, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

80 SW 8th Street, Suite 2000 Miami, Florida 33130

80 SW 8th Street, Suite 2000 Miami, Plorida 33130

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE. & REGISTERED AGENT'S SIGNATURE

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

D. Ross Bridger, Esq. 80 SW 8th Street, Suite 2000 Miami, Plorida 33130

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.

D. Ross Bridger, Esq.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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EMPIRE CORP KIT

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGR

Aleyso Bridger

80 SW 8th Street, Suite 2000

Miami, Florida 33130

REQUIRED SIGNATURE:

Signature of a member or my anthorized 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.)

Aleyso Bridger

Typed or printed name of signee

DIVISION OF CORPORATIONS

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