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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

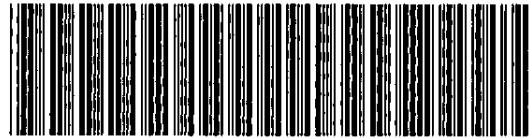
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 10 2012

WILBANKS & BRIDGES, LLP

ATTORNEYS AT LAW

3414 PEACHTREE ROAD NE
SUITE 1075
ATLANTA, GEORGIA 30326

MARLAN B. WILBANKS
TY M. BRIDGES

TELEPHONE: (404) 842-1075
FAX: (404) 842-0559
www.wilbanks-bridgeslaw.com

September 4, 2012

Florida Secretary of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: E. E. Bridges Family LLC

Dear Sir/Madam:

Enclosed please find for filing the Articles of Organization for Florida Limited Liability Company for the E. E. Bridges Family LLC entity, along with our check in the amount of \$125.00.

Please contact Ty M. Bridges at the above address if you need further assistance with this filing.
Thank you.

Sincerely,



Debra Clarke
Paralegal to Ty M. Bridges, Esq.

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.E. BRIDGES FAMILY 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:

TYRONE M. BRIDGES

Name of Person

WILBANKS & BRIDGES LLP

Firm/Company

3482 PEACHTREE SUITE 1075 MONARCH PLAZA

Address

ATLANTA, GA 30326

City/State and Zip Code

tmb@wilbanks-bridgeslaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TY M. BRIDGES at (404) 842-1075 EXT 121
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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E.E. BRIDGES FAMILY 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:

919 BROOKHAVEN DRIVE
ST. AUGUSTINE, FL 32092

Mailing Address:

919 BROOKHAVEN DRIVE
ST. AUGUSTINE, FL 32092

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:

MARY ANNE WIRTH

Name

919 BROOKHAVEN DRIVE

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

ST. AUGUSTINE FL 32092

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Mary Anne Wirth

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MARY ANNE WIRTH
919 BROOKHAVEN DRIVE
ST. AUGUSTINE, FL 32092

MGRM

WAYNE E. BRIDGES
3208 RIDGECREST DRIVE
ROCKY MT. N.C. 27803

MGRM

Tyrone M. Bridges
1987 DEREN WAY
ATLANTA, GA 30345

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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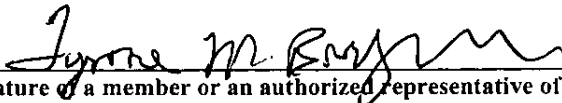
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TYRONE M. BRIDGES

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)