L12000127294

(Req	juestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



400240336374

10/04/12--01007--017 **130.00

SECRETARY OF STATECRETARY OF STAT TALLAHASSEE, FLORIDHAHASSEE, FLOR

AH 9: 39

D. BRUCE

OCT 5 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
_{SUBJECT:} Bridg	ing the Gap Co	nsulting l	LC			
		ted Liability Com		· · · · · · · · · · · · · · · · · · ·	_	
The enclosed Articles o	f Organization and fee(s) are	submitted for fili	ng.			
Please return all corresp	ondence concerning this mat	ter to the following	ıg:			
Kristine	Karsten					
		Name of Person				
Bridging	the Gap Consu	ulting LLC	,			
		Firm/Company			-	
2100 Cre	eighton Rd.					
		Address	·			
Pensacola	a, FL 32504				SEC	120
	Cit	y/State and Zip Co	de			000
kristine@b	ridging-gap.com				SS	<u>.</u>
	E-mail address: (to be used t	or future annual re	port notification)			AH
For further information	concerning this matter, please	e call:			S TAI	ۻ
Kristine Karster	1	_{at (} 850	, 485-8480)		39
Name o	of Person		le & Daytime Tele	phone Number	-	
Enclosed is a check fo	r the following amount:					
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co		\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section of Corporations Building secutive Center Cosee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	Æ	I -	N	me

The name of the Limited Liability Company is:

Bridging the Gap Consulting 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:		
2100 Creighton Rd. Pensacola, FL 32504	2100 Creighton Rd. Pensacola, FL 32504		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist- business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individu		APP FI
Kristine Karsten		m<	F 28
Name			
2100 Creighton Rd.		9: 39 STATE LORIDA	C
Florida street add	ress (P.O. Box NOT acceptable)	9 DA	
Pensacola	FL 32504		

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..

City, State, and Zip

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Kristine Karsten 2100 Creighton Rd. Pensacola, FL 32504 MGR Rachael Gillette (Use attachment if necessary) 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, 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.) KRISTINE KARSTEN 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)