

L12000132116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

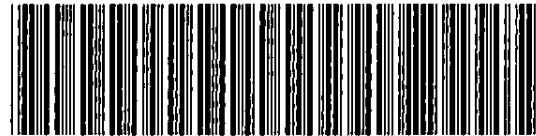
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT 25 2012

EXAMINER



600240654216

FILED  
12 OCT 17 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/22/12--01052--005 \*\*155.00

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY <i>Covered Bridge Partners, LLC</i>	<b>FILED</b> 12 OCT 17 AM 11:12 TALLAHASSEE, FLORIDA SECRETARY OF STATE FOR OFFICE USE ONLY

## PICK ONE:

☒ CERTIFIED COPY    ☐ PHOTOCOPY    ☐ C.U.S.

## FILING:

☐ CORPORATION    ☒ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICEMARK/TRADEMARK    ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S.    ☐ CERTIFIED COPY    ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 10/17/12    TIME 9:30

## Notes:

*Articles of Organization of COVERED BRIDGE PARTNERS, LLC*

---

FILED  
12 OCT 17 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
COVERED BRIDGE PARTNERS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be COVERED BRIDGE PARTNERS, L.L.C. ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the Company shall be 3020 South Florida Ave., Suite 101, Lakeland, FL 33803.

**ARTICLE III -- DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE IV -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is D. JOEL ADAMS, 3020 South Florida Ave, Suite 101, Lakeland, FL 33803.

**ARTICLE V -- CAPITAL CONTRIBUTIONS**

The members of the Company shall contribute to the capital of the Company the cash or property set forth in the Operating Agreement adopted by the Members.

**ARTICLE VI -- ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members, as provided in the regulations.

***Articles of Organization of COVERED BRIDGE PARTNERS, LLC***

---

**ARTICLE VII -- ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

**ARTICLE VIII -- TERMINATION OF EXISTENCE**

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least two remaining members.

**ARTICLE IX -- MANAGEMENT**

The Company shall be managed by managers ("Managers") in accordance with the Operating Agreement adopted by the Members for the management of the business and affairs of the Company. This Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial Co-Managers of the Company are

NAME	ADDRESS
Robert J. Adams	3020 South Florida Ave., Suite 101, Lakeland, FL 33803
D. Joel Adams	3020 South Florida Ave., Suite 101, Lakeland, FL 33803

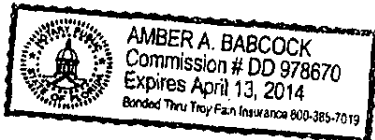
**Articles of Organization of COVERED BRIDGE PARTNERS, LLC**

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Lakeland, Florida, on this 15th day of October, 2012.

**D. Joel Adams**

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of Oct,  
2012, by D. Joel Adams.



Amelia Black  
Notary Public -- State of Florida

Print, Type, or Stamp  
Commissioned Name of Notary Public

Personally Known X or Produced Identification \_\_\_\_\_ Type of Identification  
Produced \_\_\_\_\_  
(SEAL)

*Articles of Organization of COVERED BRIDGE PARTNERS, LLC*

---

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTER OFFICE**

Under the provisions of F.S. 608.415 COVERED BRIDGE PARTNERS, LLC submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name of the limited liability company is COVERED BRIDGE PARTNERS, LLC.

2. The name and address of the registered agent in Florida is:

D. JOEL ADAMS, 3020 South Florida Ave., Suite 101, Lakeland, FL 33803

---

D. JOEL ADAMS

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the articles of organization of COVERED BRIDGE PARTNERS, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accept the obligations of the position of registered agent.

---

D. JOEL ADAMS, Registered Agent