# 13000 116714

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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08/05/13--01023--01.

Effective Date 8/1/3
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AUG - 6 2013 T. HAMPTON

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Building Bridges for Women in Business, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Pleas

Please return all corresp	ondence concerning this matt	er to the following:	
Jenni L	. Edwards		
		Name of Person	
Building	g Bridges for \	Nomen in Busin	ess
		Firm/Company	
102 Ta	llwood Rd.		
		Address	
Jackso	nville Beach,	FL 32250	
		y/State and Zip Code	
BB4Wom	eninBusiness@gr		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Jenni Edw	ards	_at 904 _ 234-28	391
Name	of Person	Area Code & Daytime Telep	shone Number
Enclosed is a check f	or 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Effective Date 8/1/13

ability Company, "L.L.C.," or "l.l.C.")
principal office of the Limited Liability Comp
Mailing Address:
Attn: Jenni Edwards
102 Tallwood Rd.
Jacksonville Beach, FL 32250

Jenni L. Edwards	
	Name
102 Tallwood Rd.	
Fle	orida street address (P.O. Box NOT acceptable)
Jacksonville B	each, FL 32250
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Manager "MGRM" = Managin	Name and Address:  g Member
MGRM	Jenni L Edwards
WORW	102 Tallwood Rd.
	Jacksonville Beach, FL 32250
	Station Wild Estati, 12 52255
(Use attachment if ne ICLE V: Effective date.	• •
CLE V: Effective date, effective date	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business
ICLE V: Effective date, effective date	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)
ICLE V: Effective date, a effective date is listed to or 90 days after the	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)
ICLE V: Effective date, a effective date is listed to or 90 days after the REQUIRED SIGNA	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)
ICLE V: Effective date, a effective date is listed to or 90 days after the REQUIRED SIGNATED SIGNATED (In accordance) constitutes a I am aware to	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)  TURE:  TURE:  Ture of a member or an authorized representative of a member.  The with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.  The penaltic of perjury that the facts stated herein are true.
ICLE V: Effective date, a effective date is listed to or 90 days after the EREQUIRED SIGNATED	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)  TURE:  TURE:  The with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true, at any false information submitted in a document to the Department of State and the state of th
ICLE V: Effective date, a effective date is listed to or 90 days after the EREQUIRED SIGNATED	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)  TURE:  Tur
ICLE V: Effective date, a effective date is listed to or 90 days after the EREQUIRED SIGNATED	if other than the date of filing: 08/01/2013 (OPTIONAL), the date must be specific and cannot be more than five business late of filing.)  TURE:  TURE:  Ture of a member or an authorized representative of a member.  The with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.  That any false information submitted in a document to the Department of State withird degree felony as provided for in s.817.155, F.S.)

Page 2 of 2