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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Arch Bridge Holdings LLC		
	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Alexander Beck		
	Name of Person	
	Firm/Company	
4775 Collins Ave #4106	Address	
Miami Beach, FL 33140	City/State and Zip Code	· · · · · ·
ABeck@Archbridgeholdings.com		
E-mail address: (to be used	d for future annual report notificat	ion)
For further information concerning this matter, pleas	se call:	
Alex Beck at (9	54 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
•	Area Code Daytime Telephon	ne 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	Street Address	

Mailing Address

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

Street 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 Liabi Arch Bridge Holdin (Must end	gs LLC	d Liability Co	mpany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal	office of the L	imited Liability Company is:			
Principal Office Address:			Mailing Address:			
		4775 Collins Ave #4106 Miami Beach, FL 33140				
ARTICLE III - Registered At (The Limited Liability Compar another business entity with ar The name and the Florida stree	ny cannot serve as its own active Florida registrati	n Registered A		adividual or	15 HAY 20	Control of the contro
	4775 Collins Ave #4				===	1277
	Florida street address (P.O. Box NOI acceptable)			근중		serrord i g i
	Miami Beach	FL	33140		الا E	I HIRE
	City	State	Zip	A STILL	,iO	
Having been named as registered place designated in this certifical further agree to comply with the p am familiar with and accept the c	te, I hereby accept the app provisions of all statutes obligations of my position	befintment as re relating to the as registered	egistered agent and agree to ac proper and complete performal	t in this capacity. I nce of my duties, and I		

(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Alexander Beck	
AMDR	4775 Collins Ave #4106	
	Miami Beach, FL 33140	
	Mianii Beacii, FL 33140	
	<u> </u>	
		CT CT
(Use attachment if necessary))
CLEV: Effective date, if other than the date of fill effective date is listed, the date must be specific te of filling.)	and cannot be more than five business days prior to or 90 days	:
CLEV: Effective date, if other than the date of fill effective date is listed, the date must be specific ite of filing.) If the date inserted in this block does not meet to be be be becament's effective date on the Department of States.	ing:(OPTIONAL) and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be li	safter safter isted a
CLEV: Effective date, if other than the date of fill effective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet to be specifically the date of the date of the Department of States.	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be lister's records.	safter isted a
CLE V: Effective date, if other than the date of fill effective date is listed, the date must be specific ite of filling.) If the date inserted in this block does not meet to be be comment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be liste's records.	safter isted a
CLE V: Effective date, if other than the date of file effective date is listed, the date must be specific te of filing.) If the date inserted in this block does not meet to be cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for the s	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be lister's records.	safter isted a
CLE V: Effective date, if other than the date of fill effective date is listed, the date must be specific ite of filing.) If the date inserted in this block does not meet to be comment's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be hate's records. To an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.	safter isted as

ARTICLE IV-

Page 2 of 2