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MAR 30 2016

S. GILBERT

## **COVER LETTER**

Division of Corporations
SUBJECT: BRIDGE FIELD PARTNERS LLC  Name of Limited Liability Company
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:
SUSAN WEINSTEIN
Name of Person
Firm/Company
14537 VIA CAPRÍ Address
Address
BOCA RATON FZ. 33496  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SicsAN Weinstein at 561, 994-2342
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of St
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:		· , , , , , , , , , , , , , , , , , , ,
e name of the Limited Liabil	ity Company is:	and the second second
BRIDGE	EMELD PARTNERS	LLC 16 MAR 24 PA
(Must end	l with the words "Limited Liability Comp	any, "L.L.C.," or "LLC.")
TTICLE II - Address: e mailing address and street :	address of the principal office of the Lim	LLC MAR 24 Property of "LLC." or "LLC." or "LLC." ited Liability Company is:
<u>Princi</u>	pal Office Address:	Mailing Address:
1		_
175	37 VIA, CAPRI	SAME
175 BOCK	37 VIA CAPRI A RATON FI	SAME
RTICLE III - Registered Ag	gent, Registered Office, & Registered A	gent's Signature:
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registration.)	agent's Signature: nt. You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registration.)	ngent's Signature: nt. You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registration.)	ngent's Signature: nt. You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registration.)	ngent's Signature: nt. You must designate an individual or
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registered agent are:    JUSAN WE     Name   14537     Florida street address (P.O. Box NO	agent's Signature:  nt. You must designate an individual or  UNSTERN  VIA CAPRI  Tacceptable)
RTICLE III - Registered Ag he Limited Liability Compan other business entity with an	gent, Registered Office, & Registered Age active Florida registered agent are:    JUSAN WE     Name   14537     Florida street address (P.O. Box NO	agent's Signature:  nt. You must designate an individual or  INSTERNO  VIA CAPRI

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	JUSAN WEINSTEIN 17537 VIA CAPRI BOCA-LATON FL 33496
MUBR	MANIA D. LONGO. 19537 VIA CAPRI BOCA RATION FL 3349
AHBR	JAMES SHOWERS  3 PETER JAY LANE  BYE NY 10580
ANBR	MICHEL SHOWERS  3 Peter Jay Lave  LyE AY 10580
(Use attachment if necessary)  EV: Effective date, if other than the dat	te of filing: . (OPTIONAL)
EV: Effective date, if other than the dat ctive date is listed, the date must be sp filling.) the date inserted in this block does not nent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the dat ctive date is listed, the date must be spf filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not at of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a magnetic of the date o	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not

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)