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PICK-UP WAIT MAIL

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DEPARTMENT OF STATE
16 APR 14 PM 12:47
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 APR 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

117

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridges United LLC
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:

Emad EZZAT -
Name of Person

Bridges United LLC
Firm/Company

603 Grenadine Ct.
Address

Winter Park, FL 32792
City/State and Zip Code

eezzat99@gmail.com
E-mail address: (to be used for annual report notification)

For further information concerning this matter, please call:

Emad EZZAT at (617) 898 7558
Name of Person Area Code Daytime Telephone 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 APR 14 PM 02:55

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Bridges United 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:

603 Grenadine Ct.
Wichita Park, FL 32792

603 Grenadine Ct.
Wichita Park, FL 32792

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Emad EZZAT
Name

603 Grenadine Ct. U
Florida street address (P.O. Box **NOT** acceptable)
Wichita Park, FL 32792
City State 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 my 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.

Emad Ezzat
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: **16 APR 14 PM 12:55**

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MGR

Emad EZZAT
603 Grenadine Ct
Winter Park, FL 32792

MGR

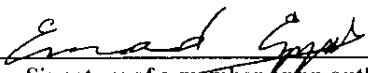
Amed ~~CK~~ KHALIL
603 Grenadine Ct
Winter Park, FL 32792

(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member by an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

EMAD EZZAT

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)