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SECRETARY OF STATE



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bridges Uniked 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 Ezz A+- Name of Person			
Bridges United L.L.C.			
603 Grenadine Ct.			
Winter Park The 32792			
E-mail address: (to be use " ("Stature an and report notification)			
For further information concerning this matter, piease (a.):			
Emad FZZAF 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 & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

APPHOVEL AND FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 APR 14 PH 12: 55

SECRETARY OF STATE

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

603 Grang din Cl.

Oriher Park FL-32792.

Oriher 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:

t mad EZZA+.

603 Opena of h

Florida street midress (P.O. Box NOT acceptable)

Mer took to

Having been named as registered agent and to accept its appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all secretaring to the proper and complete performance of my duties, and the 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



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Γhe	name	and	٤

address of each person authorized to manage and control the Limited Liability 60APRIVIL PH 12: 55

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY OF STATE TALLAHASSEE FLORIDA
MGR	Emad EZZA+ 603 grenadire Ct. Winter Park, FL 32792.
M 6 R. (Use attachment if necessary)	Amed CKRILKH - KHahl. 603 grenadine Ch White Part FL 3272.
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified the date of filing.)	fic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, it any.	
REQUIRED SIGNATURE:	a wh

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.

AD EZZA 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)