Ule000117443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800286036548

05/26/16--01015--004 **130.00

16 MAY 26 PM 1: 29
SECRETARY OF STATE
ALL AHASSEE, FLORID

JUN 2 2 2016 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRIdgwater Properties 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:
CLAIRE DODDEN
Name of Person
Firm/Company
BII N.E. 5th Street Address Delfay Beach Florida 33483 City/State and Zip Code
Address
Delray Beach Florida 33483
Chy batte and 21p code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	me:
-----------------	-----

The name of the Limited Liability Company is:

Bridguater Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Claire Dodden	811 N.E. 5th street
Bu PE. 54 Street	
Delray Dency (F1 3376)	Dellay Beach F 33485

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:

Clave Doddes

Name

BII N.E. 5⁴⁴ street

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

Delray Deach Fl 33483

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 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

16 HAY 26 PM 1:29

Use attachment if necessary) EV: Effective date, if other than the date of filing: Idly 1st 2016. (OPTIONAL) erive date is listed, the date must be specific and cannol be more than five business days prior to or 9 (filing.) he date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes	Use attachment if necessary) E.V.: Effective date, if other than the date of filing: Signature of a member or 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 lake information submitted in a document to the Department of State constitutes a third degree felony asprovided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	Title: "AMBR" = Authorized Member	Name and Address:
Use attachment if necessary) 2. V: Effective date, if other than the date of filing: 2. V: Effective date, if other than the date of filing: 2. V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 9 (filing.) 3. It is determined in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. 3. VI: Other provisions, if any. 3. Signature of a member or 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 laste information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 3. A. P. F. D. F. F. S. Typed or printed name of signee Filling Fees:	Use attachment if necessary) EV: Effective date, if other than the date of filing: Signature of a member or 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 asprovided for in s.817.155, F.S. EVI: Other provisions, if any. Signature of a member or 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 asprovided for in s.817.155, F.S. ANCE Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	MGR" = Manager	Classic Dasson
Use attachment if necessary) EV: Effective date, if other than the date of filing: Guy 1 2016	Use attachment if necessary) EV: Effective date, if other than the date of filing: Get 1 2016 (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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 asprovided for in s.817.155, F.S. ANCE FIGURE Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
Use attachment if necessary) EV: Effective date, if other than the date of filing: Guy 1 2016	Use attachment if necessary) EV: Effective date, if other than the date of filing: Get 1 2016 (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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 asprovided for in s.817.155, F.S. ANCE FIGURE Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	NAMBA	Del CAY BEACH F(33YP)
Use attachment if necessary) EV: Effective date, if other than the date of filing: Guy 1 2016	Use attachment if necessary) EV: Effective date, if other than the date of filing: Get 1 2016 (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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 asprovided for in s.817.155, F.S. ANCE FIGURE Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	HIMPE	
Use attachment if necessary) EV: Effective date, if other than the date of filing: Guy 1 2016	Use attachment if necessary) EV: Effective date, if other than the date of filing: Get 1 2016 (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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 asprovided for in s.817.155, F.S. ANCE FIGURE Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	110 1	
Signature of a member or 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 Filing Frest: Typed or printed name of signee Filing Frest:	Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	MGR	DANIEL FRONTERA
Signature of a member or 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 Filing Frest: Typed or printed name of signee Filing Frest:	Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		Delay Black F()748)
Signature of a member or 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 Filing Frest: Typed or printed name of signee Filing Frest:	Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
Signature of a member or 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 Filing Frest: Typed or printed name of signee Filing Frest:	Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
Signature of a member or 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 Filing Frest: Typed or printed name of signee Filing Frest:	Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
Signature of a member or 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. Typed or printed name of signee Filling Fees:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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. ANCE For Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Use attachment if necessary)	
Signature of a member or 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. Typed or printed name of signee Filling Fees:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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. ANCE For Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		, , , , , , , , , , , , , , , , , , ,
Signature of a member or 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. Typed or printed name of signee Filing Fees:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. EVI: Other provisions, if any. Signature of a member or 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. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	'Ve Effective date life other than the da	are of filing: Jak 1 st 2016 - (OPTIONAL)
Signature of a member or 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 Staticonstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	Signature of a member or 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. AMPLIFICATION Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	V: Effective date, if other than the di crive date is listed, the date must be	ate of filing: Jak 1 , f 2016 . (OPTIONAL) specific and cannot be more than five business days prior to or 90
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 1 am aware that any false information submitted in a document to the Department of Staticonstitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	Signature of a member or 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. AMPLIFICATION Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	f filing.)	
Signature of a member or 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. Typed or printed name of signee Filling Fees:	Signature of a member or 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. ANIC FILING Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	f filing.) he date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will no
Signature of a member or 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. ANIC FIGURE 1.35 F.S. Typed or printed name of signee Filling Fees:	Signature of a member or 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. Typed or printed name of signec Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	f filing.) he date inserted in this block does no nent's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will no
Signature of a member or 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. ANIC FIGURE 1.35 F.S. Typed or printed name of signee Filling Fees:	Signature of a member or 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. 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)	f filing.) the date inserted in this block does not nent's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will no
Signature of a member or 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. ANIC FIGURE 1.35 F.S. Typed or printed name of signee Filling Fees:	Signature of a member or 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. 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)	f filing.) the date inserted in this block does not nent's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will no
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. ANIC FIGURE 1.35 F.S. Typed or printed name of signee Filing Fees:	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. Typed or printed name of signec Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	f filing.) the date inserted in this block does not nent's effective date on the Departme E.VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will no
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. ANIC FIGURE 1.35 F.S. Typed or printed name of signee Filing Fees:	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. Typed or printed name of signec Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	f filing.) the date inserted in this block does not nent's effective date on the Departme E.VI: Other provisions, if any.	ot meet the applicable statutory filing requirements, this date will no
Typed or printed name of signee Filing Fees:	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)	f filing.) the date inserted in this block does not nent's effective date on the Departme E.VI: Other provisions, if any. REOURED SIGNATURE:	of meet the applicable statutory filing requirements, this date will no ont of State's records.
Typed or printed name of signee Filing Fees:	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)	filing.) the date inserted in this block does not nent's effective date on the Departme E.VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exer	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
Typed or printed name of signee Filing Fees:	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)	filing.) the date inserted in this block does no ment's effective date on the Departme E. VI: Other provisions, if any. REOURED SIGNATURE; Signature of a This document is exellant any file.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State
	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	filing.) the date inserted in this block does not nent's effective date on the Departme E. VI: Other provisions, if any. Signature of a This document is exely am aware that any faconstitutes a third degree.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	he date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any. Signature of a This document is exely am aware that any faconstitutes a third degree.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
		filing.) the date inserted in this block does not nent's effective date on the Departme E. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exely am aware that any faconstitutes a third degree.	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. ANCE FIDIFLIA Typed or printed name of signee

Page 2 of 2