

3/1/2019

Division of Corporations

L140005355

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Bridge Specialty Group, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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MAR - 4 2019

C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bridge Specialty Group, LLC

(Must contain 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:220 S Ridgewood Ave
Daytona Beach, FL 32114220 S Ridgewood Ave
Daytona Beach, FL 32114

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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, I, Stephen Rullis, 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.

By: Stephen Rullis C T Corporation System Stephen Rullis
VP & Asst. Secy.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 MAR - 1 APR 10:12
FILED
CLERK OF CIRCUIT COURT
JAMES TANKS III
16144554862

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Anthony Strianese
220 S Ridgewood Ave
Daytona Beach, FL 32114

AMBR

Kathy Colangelo
970 Lake Carillon Drive
St. Petersburg, FL 33716

AMBR

Joe Failla
970 Lake Carillon Drive
St. Petersburg, FL 33716

AMBR

Joe Stanton
1815 Griffin Road
Ft. Lauderdale, FL 33004

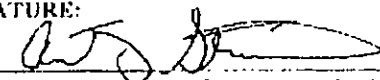
(Use attachment if necessary)

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 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.

Anthony Strianese

Typed or printed name of signer

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)

FILED
19 MAR - 1 APR 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA