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	ew Filing Section ivision of Corporations
SUBJECT	Hamilton Bridge, LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	n all correspondence concerning this matter to the following:
	John P. Gonzalez
	Name of Person
	Gonzalez CPA
	Firm/Company
	17782 E. 17th Street Suite #111
	Address
	Tustin, CA 92780
J	City/State and Zip Code ohn@Gonzalezcpa.com
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
j	Tohn P. Gonzalez 949 333-0161
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Hamilton Bridge, LI (Must cont		Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Li	mited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
5625 Garcon Blvd Pensacola, FL 32507	,		5625 Garcon Blvd Pensacola, FL 32507	<u> </u>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Ag	Agent's Signature: cent. You must designate an individual or	
The name and the Florida street a	address of the registere	d agent are:		
	Christine Gribben			
		Name		
	5625 Garcon Blvd		<u> </u>	
	Florida street addres	s (P.O. Box <u>N</u> i	II acceptable)	
	Pensacola	FL	3507	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pro	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as reg elating to the pr as registered as	or the above stated limited liability company istered agent and agree to act in this capacity oper and complete performance of my duting the provided for in Chapter 605, F.S	ity. I
		(CONTINUI	ED)	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	T : 0 11
MGR	Kevin Gribben
	5625 Garcon Blvd Pensacola, FL 32507
	Pensacola, PL 32507
	
(Use attachment if necessary)	filing: (OPTIONAL)
LE V: Effective date, if other than the date of iffective date is listed, the date must be specified of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no state's records.
LE V: Effective date, if other than the date of iffective date is listed, the date must be specified of filing.) If the date inserted in this block does not meet	ic and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of iffective date is listed, the date must be specified of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S	ic and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of iffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REQUIRED SIGNATURE: Significant is executed if I am aware that any false info	ic and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of iffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REQUIRED SIGNATURE: Significant is executed if I am aware that any false info	it the applicable statutory filing requirements, this date will no state's records. The property of a member of a member of an accordance with section 605.0203 (1) (b), Florida Statutes. Formation 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)
\$ 5.00 Certificate of Status (Optional)