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(Re	equestor's Name)	
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COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Bridge Road Fine Name of Limi	Arts LLC		
Name of Limi	ted Liability Company	_	
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Hugh E. Don	Alá 5 Sv. Name of Person		
Bridge Road F	ine Arts, LLC		
,	Firm/Company		
8184 SE Pan	rotis hn		
•	Address		2021
Hobe Sound Fi	1 33455	10~ 1277 - 1287 - 1287 -	2 021 JUL 3
City	y/State and Zip Code		— <u>—</u>
eddouglasfine arts @ amail. com			
City/State and Zip Code City/State and Zip Code Codd ouglas fine arts @ gmail. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:		. <i>'</i>	2:23
Hugh E. Doughs Sv at (772 285-2085	-	
Name of Person Are	a Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee \$\square\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Certified Copy Certificate (additional copy is enclosed) Certified Conditional con	e of Status Copy	&
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bridge Road Fine Arts (Must contain the words "Limited Liability Co	ompany, "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:
400e Sumd, Fl. 33455	110 he sound, Fl. 33455
ARTICLE III - Registered Agent, Registered Office, & Register	rod Arrant's Signature

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

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hugh F. Donglas

Name

8184 SE Pauro Fis Ln.

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

Hobe Sound Fl 33455

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)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $\frac{\gamma}{12}\frac{12}{2!}\frac{(\gamma/12/21)}{(\gamma/12/21)}$. (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.

H. E. Donglas Sr 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)