L22000197348

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filling Officer:	

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2022 MAY 12 PM 3: 46

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 672151 4309487
AUTHORIZATION: Some Belegan
COST LIMIT : \$125.00
ORDER DATE : May 12, 2022
ORDER TIME : 1:33 PM
ORDER NO. : 672151-005
CUSTOMER NO: 4309487
DOMESTIC FILING
NAME: BRONSPAN HOLDINGS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	CT:BRONSPAN HOLDINGS LLC	
	Name of Limite	d Liability Company
The encl	closed Articles of Organization and fee(s) are su	abmitted for filing.
Please re	eturn all correspondence concerning this matter	r to the following:
	KATHY SACHELI	
	7	Name of Person
	DAY PITNEY LLP	
		Firm/Company
	263 TRESSER BLVD.	
		Address
	STAMFORD, CT 06901	
	City/S	State and Zip Code
	SIMMONSD1964@GMAIL	
	E-mail address: (to be used for	future annual report notification)
or further	r information concerning this matter, please cal	1:
	KATHY SACHELI at (203	977-7308
	Name of Person Area (Code Daytime Telephone Number
Enclosed:	is a check for the following amount:	
	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Iditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	BRONSPAN I	HOLDINGS LLC	
	(Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	tress:		
The mailing address	and street address of the principal office	of the Limited Liability Company is:	
	Principal Office Address:	Mailing Address:	
107 Wes	t Bears Club, Jupiter, FL 33477	107 West Bears Club, Jupiter, FL 3	3347
ARTICLE III - Rep	gistered Agent, Registered Office, & Ro		
ARTICLE III - Re The Limited Liabili another business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Regi	egistered Agent's Signature: istered Agent. You must designate an individual	
ARTICLE III - Re The Limited Liabili another business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Registry with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual	
ARTICLE III - Re The Limited Liabili another business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Registry with an active Florida registration.) orida street address of the registered agen	egistered Agent's Signature: istered Agent. You must designate an individual of are:	
ARTICLE III - Re The Limited Liabili nother business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Registry with an active Florida registration.) orida street address of the registered agenty DAVID S. SIMMONS	egistered Agent's Signature: istered Agent. You must designate an individual of are:	
ARTICLE III - Re The Limited Liabili mother business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Registry with an active Florida registration.) orida street address of the registered agenty DAVID S. SIMMONS	egistered Agent's Signature: Istered Agent. You must designate an individual of arc:	
ARTICLE III - Re The Limited Liabili another business en	gistered Agent, Registered Office, & Rety Company cannot serve as its own Registry with an active Florida registration.) orida street address of the registered agenth DAVID S. SIMMONS National Property Nation	egistered Agent's Signature: Istered Agent. You must designate an individual of arc:	

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)



ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
-	
ARADD	DAVID S. SIMMONS
AMBR	107 West Bears Club
	Jupiter, FL 33477
	
(Use attachment if necessary)	
document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
TICLE VI: Other provisions, if any.	
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	11:
REQUIRED SIGNATURE: X Famil	Stime
REOUIRED SIGNATURE: X January Signature of a m	Administrative of a member.
REQUIRED SIGNATURE: X Signature of a m This document is execu	ited in accordance with section 605,0203 (1) (b) Florida Statutes
REOUIRED SIGNATURE: X Signature of a m This document is exect I am aware that any fals	ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
REOUIRED SIGNATURE: X Signature of a m This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State telephone for in s.817.155, F.S.
REOUIRED SIGNATURE: X Signature of a m This document is exect I am aware that any fals constitutes a third degree	ated in accordance with section 605.0203 (1) (b), Florida Statutes. ie information submitted in a document to the Department of State ie felony as provided for in s.817.155, F.S. DAVID S. SIMMONS
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