





07/05/22 --01607--018 ***125.00



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Fiorida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJEC	PREMIER	BOCA BRIDGES, LLC					
JOBSEC		Name of L	imited Liabil	ity Company		-	
The encl	osed Articles of	Organization and fee(s)	are submitted	for filing.			
Please re	turn all corresp	ondence concerning this r	matter to the	following:			
	LYDIA NO	VOA					
			Name of	Person			
	ROBERT A	. BRANDT, P.A.					
			Firm/Co	mpany			
	696 N.E. 12	STH STREET					
			Addr	ess			
	NORTH MI	AMI, FLORIDA 33161					
	YEHUDA830	agmail.com	City/State an	d Zip Code			
		E-mail address: (to be use	d for future a	unnual report notification	on)		
For further	r information co	ncerning this matter, plea	ise call:				
	LYDIA NOV		305	981-3222			
	Nam			Daytime Telephone	Number	-	
Enclosed	l is a check for t	he following amount:					
■\$ 125.6	00 Filing Fee	□\$130.00 Filing Fee of Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified (opy is enclosed)	
	New F Division P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810	2022 JUL -5 PM 4: 04	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: the name of the Limited Liability Company is:	
PREMIER BOCA BRIDGES, LLC	
	ity Company "LLC " or "LLC"
(Must contain the words "Limited Liabi	ny company, E.E.C., or EEC.
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:

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

ROBERTA. BRANDT, P.A.

Name

696 N.E. 125TH STREET

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

NORTH MIAMI FL 33161

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)

FILED
2022 JUL -5 PM 4: 04

	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
MGR	YEHUDA ROSENBERG
	5645 CORAL RIDGE DRIVE, SUITE 121
	CORAL SPRINGS. FL 33076
MGR	CHAYA M. BORGER
	5645 CORAL RIDGE DRIVE, SUITE 121 CORAL SPRINGS, FL 33076
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Use attachment if necessary)	
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