

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000367270

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : CORPORATE CREATION INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

****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.
 OLD BRIDGE INVESTORS, LLC**

| | |
|-----------------------|--------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | 155.00 |



August 17, 2022

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL
Division of Corporations

SUBJECT: OLD BRIDGE INVESTORS, LLC
REF: W22000106183

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is A22000000480.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H22000276844
Letter Number: 922A00018369

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Old Bridge Investors, LLLP

Document Number: A05000000842

661 UNIVERSITY BOULEVARD,

SUITE 200

JUPITER, FL 33458

August 18, 2022

Florida Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Subject: Consent to Use Similar Name

We the undersigned, hereby authorize the use of the name, OLD BRIDGE INVESTORS, LLC, as the name of a filing entity for the purpose of submitting a filing instrument to the Secretary of State. The undersigned certifies to being the authorized by the holder of the existing name to give this consent.

Thank you,

/s/ Richard Rendina

Richard Rendina, Manager of
OLD BRIDGE HEALTH JV, LLC, General Partner
of Old Bridge Investors, LLLP

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Old Bridge Investors, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard M. Rendina, Authorized Member

Name of Person

Old Bridge Investors, LLC

Firm/Company

661 University Boulevard, Suite 200

Address

Jupiter, Florida 33458

City/State and Zip Code

lgreenholtz@rendina.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard M. Rendina

at (561)

630-5055

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Old Bridge Investors, 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:

661 University Boulevard, Suite 200
Jupiter, Florida 33458

Mailing Address:

661 University Boulevard, Suite 200
Jupiter, Florida 33458

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:

REGSERV CORP.

Name

661 University Boulevard

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

Jupiter

City

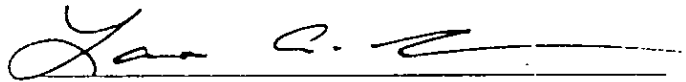
Florida

State

33458

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)

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CLERK OF DISTRICT COURT
JUPITER, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Old Bridge Investors, LLLP
661 University Boulevard, Suite 200
Jupiter, Florida 33458

(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.

Richard M. Rendina

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
CLERK OF THE
SOUTH FLORIDA
COUNTY

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