

L 2400000 1842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

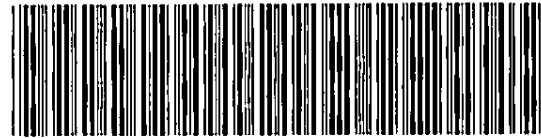
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



700419909237

RECEIVED

2023 DEC 28 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023

5:00

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 125.00

AUTHORIZATION SIGNATURE: *for [illegible]*

*Creek Bridge Management LLC*

BUSINESS Document #

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy  
☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other  
☐ CORP

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ APOSTIL ( )  
Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 125.00

AUTHORIZATION SIGNATURE: *Janie J. Full*

*Creek Bridge Management*

BUSINESS Document #

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

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EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CREEK BRIDGE MANAGEMENT, 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:

NICOLETTE GUDKNECHT, ESQ.

\_\_\_\_\_  
Name of Person

DOROT & BENSIMON PL

\_\_\_\_\_  
Firm/Company

20295 NE 29th Pl, Ste 201

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

corporate@dorbenco.com

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

For further information concerning this matter, please call:

Nicolette Gudknecht      305      921-9421  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CREEK BRIDGE MANAGEMENT, 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:

Mailing Address:

20295 NE 29th Pl, Ste 201

Aventura, FL 33180

20295 NE 29th Pl, Ste 201

Aventura, FL 33180

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:

DORBEN CORPORATE SERVICES, LLC

Name

20295 NE 29th Pl, Ste 201

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

Aventura

FL

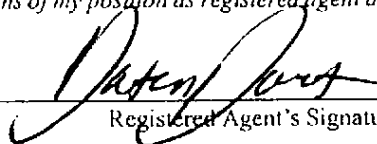
33180

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)

2008

11/15/08

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:

MGR

DATAN Z DOROT

20295 NE 29th Pl, Ste 201

Aventura, FL 33180

(Use attachment if necessary)

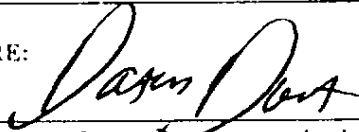
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

DATAN Z DOROT

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)

2023

5:25