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.

(((H24000141561 3)))



H240001415613ABCY

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171 Phone : (954)334-2250 Fax Number : (888)503-5258

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. 1236 SW 4TH STREET BRIDGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



(((H24000141561 3)))

COVER LETTER

TO:	New Filing Section Division of Corp				
SUBJE		H STREET BRIDG	E LLC		
SUBJE	CI	Name o	f Limited Liab	ility Company	
The enc	losed Articles of O	rganization and fee(s) are submitte	d for filing.	
Please r	eturn all correspon	dence concerning thi	s matter to the	following:	
	NICOLE M. V	ILLARROEL, ESQ			
			Name o	of Person	
	OLIVE JUDD,	, P.A.			
			Firm/C	onipany	
	2426 EAST L/	AS OLAS BOULEV	ARD		
			Ado	iress	
	FORT LAUDE	ERDALE, FL 33301			
	NVILLARROE	L@OLIVEJUDD.C		nd Zip Code	
	E-1	nail address: (to be t	ised for future	annual report notificati	on)
For further	er information conc	erning this matter, pl	lease call:		
	NICOLE M. VI	LLARROEL	954 (334-2250)	
	Name o	of Person		Daytime Telephone	
Enclose	d is a check for the	following amount:			
■\$125	00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Division P.O. Box	ng Section of Corporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810

(((H240001415613)))

	RIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
1236 SW 4TH STREET BRIDGE LLC	
(Must contain the words "Limited Liab ARTICLE II - Address:	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is: <u>Mailing Address</u> :
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is:

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

another business entity with an active Florida registration.)

N	lame	
2426 EAST LAS OLAS	BOULEVARD	
Florida street address (P	P.O. Box <u>NOT</u> a	eceptable)
FORT LAUDERDALE	FL	33301

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)

11 4:43

Fax:

ARTICLE IV-

(((H24000141561 3)))

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

"AMBR" = Authorized Member "MGR" = Manager			
MGR	JAMES MASTROGIACOMO 1200 N. FEDERAL HIGHWAY, SUITE 226 BOCA RATON, FL 33432		- - -
			_
			-
			- -
(Use attachment if necessary)			
E V: Effective date, if other than the date of ective date is listed, the date must be speciful filling.) the date inserted in this block does not mee	filing: (OPTION fic and cannot be more than five business days price the applicable statutory filing requirements, this days	or to or 90	
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