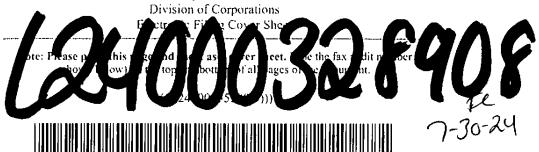
Florida Department of State



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10:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A. Account Number : 120200000171 : (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. **5 ANDREW WAY BRIDGE, LLC**

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

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COVER LETTER

	w Filing Section vision of Corporations			
01113 1136312	5 ANDREW WAY BRIDGE, LLC			
SUBJECT:		mited Liability Company		
The enclose	d Articles of Organization and fee(s) at	re submitted for filing.		
Please return	n all correspondence concerning this m	natter to the following:		
	NICOLE M. VILLARROEL, ESQ.			
•		Name of Person		3
,	OLIVE JUDD, P.A.		00 h7	<u>2</u> =
-		Firm/Company		_ ၁
;	2426 EAST LAS OLAS BOULEVAR	n	73 '388878 34 31VIS 40 A13 40 83	ے جو جو
•		Address		=
:	FORT LAUDERDALE, FL 33301		ALE A	<u>_</u>
-		City/State and Zip Code		
<u>N</u>	IVILLARROEL@OLIVEJUDD.COM			
	E-mail address: (to be used	for future annual report notification)		
For further in	formation concerning this matter, pleas	e call:		
4	NICOLE M. VILLARROEL 9:	54 334-2250		
_		Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:			
≘\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	0.00 Filing Fee, cate of Status & ed Copy al copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	n.	
	Tallahassee, FL 32314	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: 5 ANDREW WAY BRIDGE, 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: 1200 N. FEDERAL HIGHWAY 1200 N. FEDERAL HIGHWAY **SUITE 226 SUITE 226** BOCA RATON, FL 33432 BOCA RATON, FL 33432 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: OLIVE JUDD, P.A. Name

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.

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

State

2426 EAST LAS OLAS BOULEVARD

FORT LAUDERDALE

City

Registered Agent's Signature (REQUIRED

Zip

(CONTINUED)

ARTICLE IV-

(((1124000255580 3)))

JAMES MASTROGIACOMO 1200 N. FEDERAL HIGHWAY, SUITE 226 BOCA RATON, FL 33432
1200 N. FEDERAL HIGHWAY, SUITE 226
1200 N. FEDERAL HIGHWAY, SUITE 226
BOCA KATON, FL 33432
10 P
024 SEC. 924
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ling: (OPTIONAL)
c and cannot be more than five business days prior to or 90 day the applicable statutory filing requirements, this date will not be late's records.
ine viccord.
ellavoil
er or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
RROEL

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)