

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

S. CHATHAM
DEC - 4 2024

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STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

Bridgecrest Lake LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED

2024 DEC - 3 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
FOR
BRIDGECREST LAKE LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Bridgecrest Lake LLC (the "Company").

ARTICLE II.
Address

The principal office of the Company is:

7901 4th St N,
Ste 300,
St. Petersburg, FL 33702

The mailing office of the Company is:

P.O. Box 1059,
Lithia, Florida 33547

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ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Registered Agents Inc
7901 4th St N,
Ste 300,
St. Petersburg, FL 33702

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.



(sign)

Registered Agents Inc

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	RPSE Commercial Management LLC P.O. Box 1059, Lithia, Florida 33547

ARTICLE V.

The Effective date shall be the date of filing.

Kalpesh Patel (sign)

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.

Kalpesh Patel
Authorized Representative

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