

**L24000498581** *FL 12-4-24*

Florida Department of State  
Division of Corporations  
Electronic Cover Sheet

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To:  
Division of Corporations  
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From:  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: brianokayesq@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**Bridgewalk Lithia LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**BRIDGEWALK LITHIA LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Bridgewalk Lithia 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

**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

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**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>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<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.

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Kalpesh Patel  
 Authorized Representative