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7128 BHRHB118

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BRIDGE S LOAD 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:
LINET PUENTE Name of Person
BRIDGE S LOAD LLC Firm/Company
3532 LALANI BLVD Address
SARASOTA FL 34232 City/State and Zip Code /inetgonzale3 @ icloud.com E-mail address: (to be used for fusing annual eport notification)
For further information concerning this matter, please call:
LINET PUENTE at (702) 541-4968 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐\$125.00 Filing Fee & ☐\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (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:
(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: 3532 LALANI BLUD 3532 LALANI BLUD SARASOTA FL 34232 SARASOTA FL 34232
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: LINET POENTE Name 9532 LA LANI BLVD Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34232 (1) City State Zip Iaving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I arther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGP	LINET DUENTE - 25	32 /	91-A1
	BLUD, SARASCIA FI	34	232
MGR_	ADRIAN PIFNTE - 35	<u>32</u>	
	FL 34232		
(Use attachment if necessary)		. • ›	
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)