

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H100000434113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6330

Erom:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160

Phone

: (BOD) 494-3124

Fax Number

: (561)455-9835

**Enter the smail address for this business entity to be used for full more annual report mailings. Enter only one email address please. **

Rmail Address:

2010 FEB 25 AM B:

Foreign Limited Liability Company BRIDGEPOINT VENTURES LLC

 In the second of the second of	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

FEB:2 6 2010 Help

EXAMINER

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608:508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: , BRIDGEPOINT VENTURES LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," BRIDGEPOINT VENTURES ASSETS LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Lit Company," "L.L.C.," "LLC.") 2. DELAWARE 80-0530571 (FEI number, if applicable) Qurisdiction under the law of which foreign limited liability company is organized) 4. 01/1**9/2**010 PERPETUAL (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. UPON QUALIFICATION (Date first transacted basiness in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) $_{7.}$ 606 NE 14TH AVE, FORT LAUDERDALE, FLORIDA 33304 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: JAMES PAPE, 606 NE 14TH AVE, FORT LAUDERDALE, FLORIDA 3338 10. Attended is an original contificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records in the jurisdiction under the law of which it is organized. (A photocopy is not scooptable. If the certificate is in a foreign language, a translation of the certificate unclar costs of the translator must be automitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: to engage in any activity or business permitted under the laws of the State of Florida. Signature of a member or an anthorized representative of a member. (Infactordance with section 608.408(3), F.S., the execution of this document constitutes Affirmation under the ponalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

90/20 398

71816 10 1 174 7

JAMES PAPE

p.3

H1000000434113

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STAFLORIDA.	
1. The name of the Limited Liability Company is: BRIDGEPOINT VENTURES LLC	FILE STATE
If name unavailable, the alternate name to be used in the state of Florida is: BRIDGEPOINT VENTURES ASSETS LLC	SEE FLOT STA
2. The name and the Florida street address of the registered agent and office are:	ROPE
JAMES PAPE	
(Name)	
606 NE 14TH AVE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	

FORT LAUDERDALE City/State/Zip

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 flymy position as registered agent as provided for in Chapter 608, Florida Statutes.

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing			
Members of BRIDGEPOINT VENTURES LLC			
(Name of Limited Liability Company)			
a limited liability company duly organized and existing under the laws of			
DELAWARE	·		
(State or Country of Organization)			
Because the name of this foreign limited lial	bility company does not satisfy the		
requirements of the s. 608.406, F.S., the limit	ited liability company hereby adopts the		
following name to transact business in the st	ate of Florida:		
BRIDGEPOINT VENTURES ASSETS LLC			
(Name to be used by limited liability company in Florida. Company, L.L.C., or LL.C.)	NOTE: Name must and with Limited Liability		
Date: 2/25/2010			
Signature(3) of Manager(s) and/or Managing Member(s):			
Wate /	JAMES PAPE		
7-17-			
•			
•			

CRIE122 (7/07)

H100000434113

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE REGISTERED AGENT ON RECORD FOR "BRIDGEPOINT VENTURES LLC" IS REGISTERED AGENTS LEGAL SERVICES, LLC, 1220 N. MARKET STREET, SUITE 806, WILMINGTON DE 19801.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGEPOINT VENTURES LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER. THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED

10 FEB 24 AM 2: 37

SECKETARY OF STATE
TAILLAHASSEE, FLORIDA

4778244 8430 100203714



AUTHENTICE TO A POST OF STATE OF STATE

DATE: 02-25-10