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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HOLLYWOOD CA	MBRIDGE PA	ARTNERS		
LLC				
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·				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			✓	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		·		Fictitious Owner Search
oignature .				Vehicle Search
			-	Driving Record
Requested by: SETH	10/15/15			UCC 1 or 3 File
	$\frac{10/15/15}{2}$	CP'		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up	*******		Courier

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18				
SUBJECT:	HOLLYWOOD CA	MBRIDGE PARTNERS LL	.C			
OBJECT.	Name of Limited Liability Company					
					nsact Business in Florida," Certifi company to transact business in I	
Please return	all correspondence of	concerning this matter to the	following:			
	MYRIAM K. I	OUIS, ESQ.				
		Nε	ime of Person			
	LERMAN & V	VHITEBOOK, P.A.				
		Fi	rm/Company			
	2611 HOLLYV	WOOD BOULEVARD				
			Address			
	HOLLYWOOI	D, FLORIDA 33020				
		City/S	tate and Zip Code			
	FSAYEGH@BU	JRKELEIGHTON.COM				
		E-mail address: (to be used	I for future annual i	report not	ification)	
For further i	nformation concernin	g this matter, please call:				
M	YRIAM K. LOUIS, E	ESQ.	954 at (922-28	11	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section uilding ceutive Center Circle		
	a check for the follow \$125.00 Filing Fee	ving amount: \$\Bigsim \text{\$\subseteq \$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificator of Status & Certified Copy	ate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	BRIDGE PARTNERS LLC			
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or	"LLC.")		•
(If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The alternate nar	ne must incl	ude "Lim	nited
2. DELAWARE	3. 47-4572564			
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)		-
4. <u>JULY 2, 2015</u>		_		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 2664 BEDFORD AVE	NUE, BROOKLYN, NEW YORK 11226			
	(Street Address of Principal Office)	-		
5. <u>2664 BEDFORD AVE</u>	NUE, BROOKLYN, NEW YORK 11226	_		
<u> </u>	(Mailing Address)			
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT_acceptable)			
Name:	Carlos D. Lerman, EsqLerman & Whitebook, P.A.			
Office Address:	2611 Hollywood Boulevard			
	Hollywood , Florida 33020	_ \$\infty\$	4	
D	(City) (Zip code)		<u>5</u>	
Registered agent's accep <i>Having been named as re</i>	tance: gistered agent and to accept service of process for the above stated limited lial	ility 20 Mi	ın val th	e plače
designated in this applica	tion, I hereby accept the appointment as registered agent and agree to act in the	his cumulation	. Lfurt	her agree
	ons of all statutes relative to the proper and complete performance of my dutie my position as registered agent.	is, any√an ———	n fata n iii	ar with an
necept ine oungineous of	(0)		P	
	(Registered agent's signature)	- E2	7: 0	Constant
	(Nogistera again s signification)	E E	9	
8. The name, title or capa Burke Leighton Asset Ma	acity and address of the person(s) who has/have authority to manage is/are:	SIATE LORIDA		
c/o Alfred Sayegh, Manag		<u> </u>		
	rooklyn, New York 11226			
2304 Beatora Avenue, Di	OOKIYII, NEW TOLK 11220			
 Attached is a certificate jurisdiction under the law of the translator must be so 	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation abmitted)	g custody o of the certi	f record: icate un	s in the der oath
	Signature of an authorized person			
	I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that as the Department of State constitutes a third degree felony as provided for in s.81			1
	Myriam K. Louis, Esq.	,		

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOLLYWOOD CAMBRIDGE PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOLLYWOOD CAMBRIDGE PARTNERS LLC" WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5779061 8300 SR# 20150204603

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10102718

Date: 09-21-15