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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

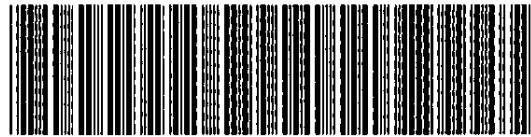
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/30/10--01013--002 **87.50

10 AUG 11 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bridges, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Lauran Love
Name (Printed or typed)

70 Ivanhoe Ormond Beach
Address

Ormond Beach, FL 32176
City, State & Zip

(386) 677-8864
Daytime Telephone number

N/A
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2010

LAURAN LOVE
70 IVANHOE ORMOND BEACH
ORMOND BEACH, FL 32176

SUBJECT: BRIDGES, INC.
Ref. Number: W10000036621

We have received your document for BRIDGES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 810A00018777

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Bridges For All, Inc.

10 AUG 11 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*1065 N. Atlantic Ave
STE #8
Daytona Beach, FL 32118*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A charitable corporation to provide assistance to any and all possible disabled peoples that are deemed disabled medically, including but not limited to physical and mental disabilities that are currently, not receiving assistance.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Roberts Rules of Order

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

*Lauren Love 70 Ironko Ave, Ormond Beach, FL 32176 President JCFO
Mary Hookano 1065 N. Atlantic Ave Daytona Beach, FL 32118 Vice President
Michael Driscoll 1065 N Atlantic Ave Daytona Beach, FL 32118 Secretary/Treas.*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mary Hookano 1065 N. Atlantic Ave Daytona Beach, FL 32118

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lauren Love 70 Ironko Ave, Ormond Beach FL 32118

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Mary Hookano

Signature/Registered Agent

7-28-2010

Date

Lauren Love

Signature/Incorporator

7/28/2010

Date