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FILED

01 MAY 22 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

May 21, 2001

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

100004288161--4  
-05/22/01--01119--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Bridge Capital Partners Limited, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 70.00.

FROM:

D. WHITE MAY 30 2001

Joshua Scott  
1193 NW 114 Ave  
Coral Springs, Florida 33071  
(954) 227-7396

Please return  
by enclosed  
FEDEX SHIPPER.  
Thanks very  
much

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**ARTICLES OF INCORPORATION**  
**OF**  
**BRIDGE CAPITAL PARTNERS LIMITED, INC.**

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*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I**

The name of the corporation shall be: Bridge Capital Partners Limited, Inc.

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

1193 NW 114 Ave.  
Coral Springs, Florida 33071

**ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

**ARTICLE IV**

The name and address of the initial registered agent is:

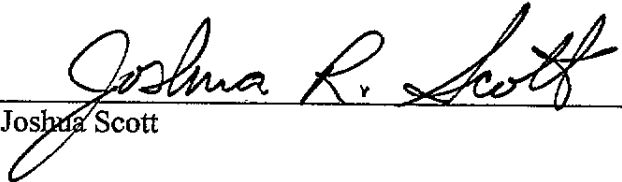
Nicole Rocz  
1193 NW 114 Ave.  
Coral Springs, Florida 33071

**ARTICLE V**

The name and street address of the incorporator to these Articles of Incorporation is:

Joshua Scott  
1193 NW 114 Ave.  
Coral Springs, Florida 33071

The undersigned incorporator has executed these Articles of Incorporation this 21st day of May, 2001.

  
\_\_\_\_\_  
Joshua Scott

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.*

**1. The name of the corporation is: Bridge Capital Partners Limited, Inc.**

**2. The name and address of the registered agent and office is:**

**Nicole Rocz  
1193 NW 114 Ave.  
Coral Springs, Florida**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
Nicole Rocz

5.21.01  
Date

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