P15000048453

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300273478293

06/01/15--01047--009 **78.75

15 JUH -1 PN 3: 18

(d3

COVER LETTER

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

SUBJECT: First Br	idge Commercial Capital, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d 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 o Status
		ADDITIONAL CO	PPY REQUIRED
FROM: Ak	ram A. Ismail	e (Printed or typed)	
811	0 CR 44 Leg A		
		Address	
Lee	sburg, FL 34788		
	City	, State & Zip	
(35)	2-552-5681		
	Daytime 7	Celephone number	
Akr	amIsmailMD@gmail.com		
	E-mail address: (to be use	d for future annual report	notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be: First Bridge Commercial Ca	apital, Inc.	<u> </u>
the name of the corporat	ion shan be		
<u> RTICLE II PRINC</u>			
255 Citmus Tourse Blad	Principal street address		Mailing address, if different is:
233 Chrus Tower Biva,	Ste 208B, Clermont, FL 34711	8110 CR	44 Leg A, Leesburg, FL 34788-
			- c
			<u> </u>
ARTICLE III PURPO	<u>DSE</u> he corporation is organized is:	Brokerage Firm whi	ich will assist businesses and
individual's with busine			
	·		
<u> </u>			******
			, <u>,</u>
			1999
	L OFFICERS AND/OR DIRECTORS Akram A. Ismail, Chairman	Name and Title	
Address	17140 Royal Palm Drive	Address:	4207 South Dale Mavry Hwy
	Groveland, FL 34736		Apt 4208
			Tampa, FL 33611
Name and Title:		Name and Title	4
Address		Address	
1 Marcas		Address.	
		 -	
			
Name and Title:		Name and Title	:
Address		Address:	
			

Name :	and Title:	Name and Title:	<u> </u>
Address		Address:	
	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:	
Name:	Akram A. Ismail, MD		250)
Address:	8110 CR 44 Leg A		5 10
L	Leesburg, FL 34788		N - 1
ARTICLE VII	INCORPORATOR		PH 3:
			S
The <u>name and</u>	address of the Incorporator is:		ŞF G
Name:	Sharon HARRISU	<u>^</u>	
Address:	8110 CR 44 LE& A	May day	5-27-15
	LEESDIJJEL347	88 Million Flation	
Effective date,		5	or or 90 business
Note: If the dathe document's	ate inserted in this block does not meet the a seffective date on the Department of State's	pplicable statutory filing requirements, this date records.	will not be listed as
Having been nothing this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	of process for the above stated corporation at the ent as registered agent and agree to act in this co	e place designated in upacity
Can	and Small Mol	May 2°	7, 2015
	Required Signature/Registered A	Agent	Date
I submit this do	ocument and affirm that the facts stated he	erein are true. I am aware that the false inform gree felony as provided for in s.817.155, F.S.	ation submitted in a
	Elevan I Emoi OMI)	7, 2015
Req	uired Signature/Incorporator		Date