

P 16 0000 49192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

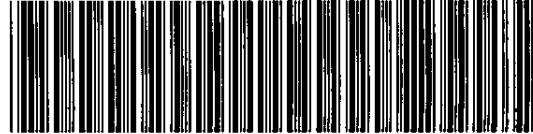
Certified Copies

Certificates of Status

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Office Use Only

W16-36412



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16 JUN -6 AM 9:42
2016 JUN 10 10:00
2016 JUN 10 10:00

7 2016
S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2016

DR. D.M. WALKER
349 SE 3RD STREET
BELLE GLADE, FL 33430

SUBJECT: BRIDGE SOLUTIONS, INC.
Ref. Number: W16000036472

RECEIVED
16 JUN - 6 PM 2:15
TALLAHASSEE, FLORIDA

We have received your document for BRIDGE SOLUTIONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 516A00010686

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Bridge Solutions Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Dr. D. M. Walker

Contact Person

Bridge Solutions LLC

Firm/Company

349 SE 3rd Street

Address

Belle Glade, Florida 33430

City, State and Zip Code

wenniem@aol.com

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

For further information concerning this matter, please call:

Dr. D. M. Walker

at (561) 449 1420

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
16 JUN -6 AM 9:42

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Bridge Solutions LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/12/2007
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Bridge Solutions Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 06/09/2016
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 6 day of May 2016.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Dr. Dorothy Mae Walker
Printed Name: Dr. Dorothy Mae Walker Title: Chairman

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Dr. Dorothy Mae Walker
Printed Name: Dr. Dorothy Mae Walker Title: MGRM

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Bridge Solutions, Inc.

FILED
16 JUN -6 AM 9:42

ARTICLE II PRINCIPAL OFFICE

Principal street address
349 SE 3rd Street
Belle Glade, FL 33430

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is:

To conduct any and all businesses that are legal within and out side of the State of Florida and the United States of America

Said businesses shall include but not be limited to the buying and selling of personal and real property, the leasing and renting of personal and real property, to establishment and operate private and chartered schools, to operate a transportation company, the construction of single family, multifamily and commercial structures, to provide consulting services, to acquire stock and ownership in other companies, to develop real property, to provide cleaning services and to provide landscaping services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000.00 (one million)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Dorothy Mae Walker

Address: 256 N W 9th Street
Belle Glade, FL. 33430

Name and Title: Mikell Smipe, Director

Address: 256 N W 9th Street
Belle Glade, FL. 33430

Name and Title: Juanita Cruz, Secretary

Address: 349 S E 2nd Street
Belle Glade, FL. 33430

Name and Title:

Address:

Name and Title: Angeletta Sewell - Snipe, Treasurer

Address: 256 N W 9th Street
Belle Glade, FL. 33430

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jocquin Turner

Address: 349 SE 3rd Street

Belle Glade, FL. 33430

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dr. Dorothy Mae Walker

Address: 256 N.W. 9th Street

Belle Glade, FL 33430

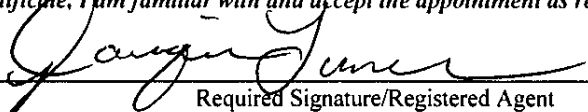
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

5-27-16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

5/27/16
Date