10/18/22, 4:15 PM

Daniello Gatat 799

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Account Number : I20220000155 Phone : (305)854-0800 Fax Number : (305)854-0800

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

fruiz@wsh-law.com Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION **BRIDJ TECHNOLOGY INC**

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COVER LETTER

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

| BJECT: | BRIDJ TECHNOLOGY INC (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | |
|-------------------|--|---|-------------------|
| | (FROPOSED CORPOR | TE NAME - MOST INCL | <u>UDE SUFFIX</u> |
| 1 1 | t de la companya de l | atalan astronomian and tanan a | 1 |
| losed are an ong | ginal and one (1) copy of the ar | ucles of incorporation and | 1 a check for: |
| △X\$ 70.00 | □ \$78.75 | □ \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fœ | Filing Fee | Filing Fee, |
| Ü | & Certificate of Status | & Certified Copy | |
| | | | & Certificate of |
| | | | Status |
| | ADDITIONAL COPY REQUIRE | | PY REQUIRED |
| FROM: | Nam | Fabio Giallanza e (Printed or typed) | |
| | 2800 Ponce de Leon Blvd, Ste 1200 Address | | |
| | Coral Gables El 33133 | | |
| | Coral Gables, FL 33133 City, State & Zip | | |
| | 305-854-0800 | | |
| | Daytime | Telephone number | |
| | fru | iz@wsh-law.com | |

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

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

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

| ARTICLE I | NAME | Bridi Tochnology Inc |
|-----------------|---|-----------------------------------|
| The name of the | corporation shall be: | Bridj Technology Inc |
| ARTICLEII | PRINCIPAL OFFICE Principal street address | Mailing address, if different is: |
| 407 Linco | In Rd. Ste 6H PMB 5005 | |
| Miami Be | ach, FL 33139 | |
| | | |
| | | |
| ARTICLE III | PURPOSE | |
| The purpose for | r which the corporation is organized is: | Any and all lawful business |
| | | · |
| | | |
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| | | |
| | | |
| ARTICLE IV | SHARES | |
| | shares of stock is: 100 | |
| | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIREC | TORS |
| | John Langford-Ely -Dire | ector and CEO |
| Name | and Title: | Name and Title: |
| | 407 L:I- Dd C4- CU | ٠. |
| Addre | Miami Beach, FL 33139 | |
| | Wilding Descript Electric | |
| | | |
| | | |
| | | |
| Name : | and Title: Jonathan Leishman- Di | rector Name and Title: |
| | 407 Lincoln Rd. Ste 6H | PMR 5005 |
| Addre | Miami Beach, FL 33139 | Address: |
| | | , |
| | | A STANKE |
| | | |
| | | |
| Nome | and Mistar | Name and Title: |
| Name | and the | विकार कार्य १ सिट |
| Addre | | Address: |
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| | · · · · · · · · · · · · · · · · · · · | |

| Name and | Title: | Name and Title: | | | |
|--|--|--------------------------|--|--|--|
| Address | | Address: | | | |
| | | | | | |
| | | | | | |
| | EGISTERED AGENT vide Hreet address (P.O. Box NOT acceptable) of i | the registered agent is: | | | |
| Name: | Fabio Gialianza | | | | |
| Address: | 2800 Ponce de:Leon Blvd. Ste 1200 | | | | |
| | Coral Gables, FL 33134 | | | | |
| ARTICLE VII | <u>NCORPORATOR</u> | | | | |
| The name and ad | lress of the Incorporator is: | | | | |
| Name: | Fablo Giallanza | | | | |
| Address: | 2800 Ponce de Leon Blvd, Ste 120 | 00 | | | |
| | Coral Gables, FL 33134 | | | | |
| | | | | | |
| ARTICLEVIO | EFFECTIVE DATE: | | | | |
| Effective date, if o | ther than the date of filing. | (OPTIONAL) | | | |
| (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) | | | | | |
| Note: If the date inserted in this block does not meet the applicable statutory filling 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 | | | | | |
| ¥. | dil Fillane. | 10/10/2022 | | | |
| V | Required Signature/Registered Agent | 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 2.817.155, F.S. | | | | | |
| Y | M Colons | 10/18/2021 | | | |
| Required Signatur | e/Incorporator | Date | | | |