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Division of Corporations

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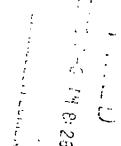
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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|---------|-----------|--|--|--|
| EIIIGTT | AUUI ESS. | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION

Bridge Funding Resources Corp.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |



From: Jose Mojica

ARTICLES OF INCORPORATION

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

| ARTICLE I NAME The name of the corpora | tion shall be: Ortuge Parluring R | • | |
|--|---|------------------------------------|----------------------|
| 40 SE 5th St. Boca Rate | Principal street address | | ss, if different is: |
| ARTICLE III PURPO The purpose for which t | ANE any and a he corporation is organized is: | Il purposes for which a corporatio | |
| | | | |
| | | | |
| ARTICLE V INITIA | ES 200 stock is: LOFFICERS AND/OR DIRECTORS | | |
| | Frank Pacillio, Pres and Director | Name and Title: | F-3 |
| Address | 40 SE 5th St. Boca Raton, FL 33432 | N 4 4 | 1 3 |
| | | | <u>0</u> |
| Name and Title: | | Name and Title: | - 5 |
| Address | | | • |
| Name and Title: | | Name and Title: | |
| Address | | · | |
| | | | |

| Name and T | itle: | Name and Title: | |
|---|--|---|---|
| Address | | Address: | |
| | | <u> </u> | |
| | | | |
| | | | |
| ARTICLE VI RE | GISTERED AGENT da street address (P.O. Box NOT acceptable) | Not the remistered again in | |
| | rank Pacillio | | |
| Address: | 40 SE 5th St. Boca Raton, FL 33432 | - | |
| _ | | | |
| | | | |
| ARTICLE VII IN | | | |
| the name and addre | ess of the Incorpurator is: Frank Pacittio | | |
| Name: | | - | |
| Address: | 40 SE 5th St. Boca Raton, FL 33432 | | |
| | | | |
| <u>ARTICLE VIII - EJ</u> | EEECTIVE OATE. | | |
| Effective date, if other | er than the date of filing: is fisted, the date must be specific and can | . (OPTIONAL | ۷) |
| (If an effective date days after the filing | is listed, the date must be specific and can- | not be more than five busin | ess days prior or 90 business |
| Note: If the date ins | erted in this block does not meet the applicab | le statutory filing requiremen | ts, this date will not be listed as |
| the document's effec | tive date on the Department of State's records | S. | a, and and an include as |
| Having been named this certificate, I am | as registered agent to accept service of proce familiar with and accept the appointment as t | ess for the above stated corporegistered agent and agree to | oration at the place designated in act in this capacity, |
| | | | 9/1/23 |
| | Required Signature/Registered Agent | | Date |
| I submit this docum | nt and affirm that the facts stated herein a artment of State constitutes a third degree felo | e true. I am aware that the | false information submitted in a |
| \geq | d | on, sa provincu ju at 5.017.1 | 9/1/23 |
| Required | Signature/Incorporator | | Date |