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3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

NTITY NAME	dit Bridge Capital, Corp.			
OCUMENT NUMBI	ER			<u> </u>
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	**PLEASE OBTAIN THE F	OLLOWING FOR THE ABOVE ENTITY	**	~ ;
	Certified Copy of Arts	& Amendments		W. 27/4.
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	ICATES REQUESTED			
TOTAL OWED \$	70	ACCOUNT # 120140000101 United Corporate Services, Inc. any issues or concerns, Thank	*Keith//	1

COVER LETTER

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

Enclosed are an original and one (I) copy of the articles of incorporation and a check for:	SUBJECT:	Credit Bridge Capital, Corp. (PROPOSED CORPORA)	TE NAME - <u>MUST INCLU</u>	DE SUFFIX)		
Filing Fee & Certificate of Status Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Brenda Pantalone Name (Printed or typed) Verrill Dana LLP, 355 Riverside Avenue Address Westport, CT 06880 City, State & Zip 203-222-3122 Daytime Telephone number jcontino@dcapital.com	Enclosed are an ori				1	
FROM: Brenda Pantalone Name (Printed or typed) Verrill Dana LLP, 355 Riverside Avenue Address Westport, CT 06880 City, State & Zip 203-222-3122 Daytime Telephone number jcontino@dcapital.com		Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status		
Westport, CT 06880 City, State & Zip 203-222-3122 Daytime Telephone number jcontino@dcapital.com	FROM: _				,, ,,	
City, State & Zip 203-222-3122 Daytime Telephone number jcontino@dcapital.com						
Daytime Telephone number jcontino@dcapital.com	•		State & Zip]	
	_		elephone number		_) .)	
E-mail address: (to be used for future annual report notification)			for future annual report n	otification)		

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)

RTICLE I NAME	Cradit Bridge Capital, Corp.					
he name of the corporat	ion shall be: Credit Bridge Capital, Corp.				_	
	IPAL OFFICE Principal <u>street</u> address	М	failing address, if dif	Terent is:		
5972 NE 4th Ave.						_
Miami, FL 33137				<u> </u>		-
						_
TRATICLE III PURPO The purpose for which the	DSE he corporation is organized is:institution	onal investment fir	m			-
				· ·		_
· · · · · · · · · · · · · · · · · · ·		·				_
		<u> </u>			_	
						_
ARTICLE IV SHAR	ES					
The number of shares of	stock is: 1,000,000					
ARTICLE V _INITLA	AL OFFICERS AND/OR DIRECTORS		Choudhary Yarlaga	dda		
Name and Title	Patrick Downes, Founder and CEO and Director		·	under, Pre	sident, C	hief
Address	5972 NE 4th Ave.	Address:	5972 NE 4th Ave.			_
	Miami, FL 33137	_	Miami, FL 33137		`? ?	_
					 	C.7 **
		-			- : : :	_ ""
	. John Contino, Founder, Chief Operating	Name and Title		•	_5	
Name and Title	Officer, Chief Risk Officer, Secretary and	Name and Title: Director	<u> </u>			
Address	5972 NE 4th Ave.	Address:				.
	Miami, FL 33137				٠,٠	
	Wildrift, 1 C 00101	-		1 - 1	<u></u> -	_
		-				_
Name and Title	:	Name and Title:				_
Address		Address:				_
						_
						_

Name and	Title:	_ Name and Title:			
Address		Address:			
	<u>EGISTERED AGENT</u> irida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
The name and Fig		A die legiorera again is.			
Name:	Patrick Downes	_			
Address:	8925 Collins Ave., Unit 12A	_			
	Surfside, FL 33154	_			
ARTICLE VII 1	NCORPORATOR				
The name and ad	dress of the Incorporator is:				
Name:	Patrick Downes				
Address:	5972 NE 4th Ave.				
2 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Miami, FL 33137	_			
	Wildhill, 1 2 33 137	_			
ARTICLE VIII	EFFECTIVE DATE:				
Effective date, if o	other than the date of filing:	(OPTIONAL)	00 dans after	. Alba	
(If an effective da filing.)	ate is listed, the date must be specific and can	ot be more than live days prior or	90 days atter	tne	
Note: If the date	inserted in this block does not meet the applicable	e statutory filing requirements, this d	late will not be	e listed as	
the document's ef	fective date on the Department of State's records	i.		~ >	
				- 1 2	
Having been name	ed as registered agent to accept service of process uniliar with and accept the appointment as regist	for the above stated corporation at the ered agent and agree to act in this car	e place designo pacity	,	is=
cernycure, yann ya	Community with und uccept me upprimine in as region	rea agent and agree to del or roll of			
1/2 Kg	Dans		4/17/2024		
	Required Signature/Registered Agent		Date		_ a i
I submit this dans	iment and affirm that the facts stated herein ar	e true. I am aware that the false inf	ormati <u>on</u> sûbi	nitted in	a سن
1 340000 0000	Jona rtm ont of State constitutes a third degree felo	ny as provided for in s.817.155, F.S.)	
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