

P24000027043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

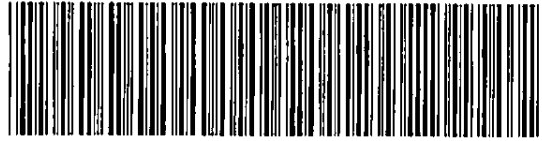
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 APR 18 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4/18/24

****WALK IN****

ENTITY NAME Credit Bridge, Corp.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Articles & Amendments

Certified Copy of Articles & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$

70

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Lyppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Credit Bridge, Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee 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

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

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

2004/03/19 PM 7:40

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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: Credit Bridge, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5972 NE 4th Ave.
Miami, FL 33137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: institutional investment firm

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick Downes, Founder and CEO and
Director

Address 5972 NE 4th Ave.
Miami, FL 33137

Name and Title: Choudhary Yarlagadda,
Founder, President, Chief
Investment Officer and Director

Address: 5972 NE 4th Ave.
Miami, FL 33137

Name and Title: John Contino, Founder, Chief Operating
Officer, Chief Risk Officer, Secretary and Director

Address 5972 NE 4th Ave.
Miami, FL 33137

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
2021 JUN 16 PM 5:45
CLERK OF DISTRICT COURT
JULY 13 2021

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: Patrick Downes
Address: 8925 Collins Ave., Unit 12A
Surfside, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick Downes
Address: 5972 NE 4th Ave.
Miami, FL 33137


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 days prior or 90 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

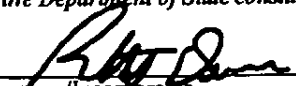


Required Signature/Registered Agent

4/17/2024

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

4/17/2024

Date