From: Heather Irving

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\* Email Address: \_\_\_\_SFox@Bainbridgere.com\_

## FLORIDA LIMITED LIABILITY CO.

# Bainbridge WC International, LLC

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Certificate of Status	0
Certified Copy	0 j
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu — Corporate Filing Menu

Help

2025-02-04 14:38:48 EST

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

dress:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Florida street address (P.O. Box NOT acceptable)

State

Zip

1201 Hays St.

Tallahassee

City

Alexandra Soukeras: Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H250000433013)))

From: Heather Irving

(((H25000043301-3)))

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
"AMBR" = Authorized Men "MGR" = Manager	iber		
MGR — Stanager	Bainbridge Manager, LLC 12765 W. Forest Hill Blvd. Suite 1307 Wellington, FL 33414	- -	
		20	ĪΑ̈́
		25 FEB -	ALLAHASSEE, FLORID
		Hq 4	SEE, FL
		<u>+: +3</u>	OKIDA
(Use attachment if necessary	1		
(If an effective date is listed, the date the date of filing.)	han the date of filing:	-	
ARTICLE VI: Other provisions, if any	'		
REQUIRED SIGNATURE	: Brian Doppelt		
This docume I am aware th	cure of a member or an authorized representative of a member, ent is executed in accordance with section 605 0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State third degree felony as provided for in \$.817.155, F.S.		
Brian	Doppel		
<del></del>	Typed or printed name of signee		
	Piller Post s		

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- **S** 5.00 Certificate of Status (Optional)