

L05000101029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

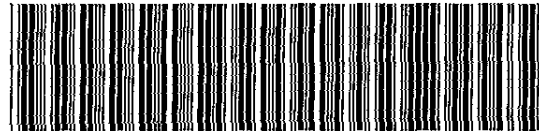
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

PK

Office Use Only



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10/13/05--01015--022 **125.00

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05 OCT 13 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 OCT 13 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Bright Information Systems, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
BRIGHT INFORMATION SYSTEMS, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the limited liability company is BRIGHT INFORMATION SYSTEMS, LLC.

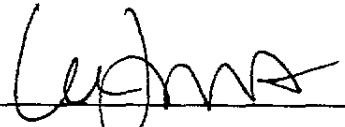
ARTICLE II - Principal Office

The address of the principal office of this limited liability company is 400 SW 203rd Ave., Pembroke Pines, Fl. 33029, and the mailing address shall be the same.

ARTICLE III Registered Office and Agent

The name of the initial registered agent within Florida is MAURICIO JIMENEZ and the street address is: 400 SW 203rd Ave., Pembroke Pines, Fl. 33029.

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 in Chapter 608, F.S.



MAURICIO JIMENEZ
Registered Agent

THIS DOCUMENT PREPARED BY:
DAVID R. FARBSTAIN, ESQ.
8010 N. University Dr., 2nd Fl.
Tamarac, Fl. 33321
Fla. Bar No. 198889
954-586-0441

ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The management of the company is reserved to the members of the company, in proportion to their contribution to the capital of the limited liability company. The power to adopt, alter, amend, or repeal the regulations of this limited liability company shall be vested in the members of the company.

The names and addresses of the managing members are:

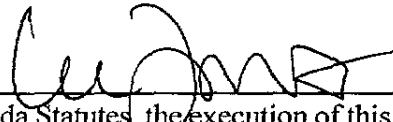
MAURICIO JIMENEZ

400 SW 203rd Ave.
Pembroke Pines, Fl. 33029

ANTONIO SALGADO

3656 SW 25th Terr.
Miami, Fl. 33133

IN WITNESS WHEREOF, the undersigned incorporators has executed these Articles of Organization on the 11 day of October, 2005.



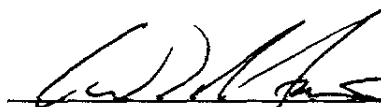
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

MAURICIO JIMENEZ

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME personally appeared, MAURICIO JIMENEZ, to me well known and known to me to be the individual(s) described in and who executed the foregoing instrument, and acknowledged before me that she executed the same for the purposes therein expressed. Further, said individual(s) furnished the following type of identification to the undersigned, to-wit: FL Drivers Lic

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 11 day of October, 2005.



NOTARY PUBLIC
My Commission Expires:



DAVID R. FARBSTAIN
MY COMMISSION # DD 281947
EXPIRES: March 7, 2008
Bonded Thru Budget Notary Services