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Special Instructions to	Filing Officer:	
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TION BERVICE COMPANY"
ACCOUNT NO. : 072100000032
REFERENCE: 940433 7368719
AUTHORIZATION: Otricia houts
COST LIMIT: \$ 125.00
ORDER DATE : February 22, 2003
ORDER TIME : 11:58 AM
ORDER NO. : 940433-001
CUSTOMER NO: 7368719
CUSTOMER: Mr. Shaun P. Murphy Mr. Shaun P. Murphy
4932 Widener Ct. #4
Melbourne, FL 32905
DOMESTIC FILING
NAME: BRIGHT APPLIANCE LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Haddan - EXT. 1155

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	\mathbf{R}	П	${ t CL}$	ΕI	- [Nan	ne:
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The name of the Limited Liability Company is:

BRIGHT APPLIANCE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4932 Widener Court, #4 Melbourne, Florida 32905

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

	Corporation Ser	rvice Compan	Y	- 	
· · · · · · · · · · · · · · · · · · ·	Namo	е			·· -
	1201 Hays	Street			
	Florida street address (P.	O. Box NOT acc	eptable)	-	
	Tallahassee	FL	32301		v <u></u>
·	City, State	e, and Zip			 1
liability company at the pregistered agent and agrestatutes relating to the praccept the obligations of	egistered agent and to acceptace designated in this cervee to act in this capacity. It is coper and complete perform my position as registered apporation Service Comporation Registered Age	rtificate, I herei I further agree nance of my du agent as provid pany .	by accept the ap to comply with ities, and I am f led for in Chap Deboral	ppointment as s the provisions of familiar with and	Fall SEE
(An add	litional article must be add	led if an effect	ive date is requ	ested)	
Sign	Allfornh Al	Skipper) porized represent	tative of a membe	er.	=
(In	accordance with section 608.40)8(3), Florida Stat	tutes, the executio	n	

Deborah D. Skipper

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

MANAGING MEMBERS LIST FOR:

BRIGHT APPLIANCE LLC

Shaun Patrick Murphy 4932 Widener Court #4 Melbourne, Fl. 32905

Managing Member

Charles Edmund Murphy 3717 Riviera Drive Sarasota, Fl. 34232

Managing Member

DIVISION OF CORPORATIONS

LIMITED I OWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behal of the undersigned the original Articles of Organization of BRIGHT APPLIAN(E LLC (the "LLC"), a Florida limited liability company, for the further purpose of fing such Articles of Organization with the State of Florida Department of State, and for noother purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of

Florida Department of State. All parti is who review the original or a copy of this Limited Power of Attorney may rely upon it an 1 the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this Thay of March, 2003

Shaun Murphy

WITNESS:

Signatura for

Craig R. Jenkins

Print Name of Witness

Signature

Print Name of Signer

WITNESS:

Signature

D. Scoff Holman

Print Name of Witness