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## **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJEC	r: <u>Bril</u>	liance LLC	ed Liability Company)	*****	-	
		(Panic Of Linfo	ou bladinty Company)			
The encl	osed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please re	turn all corresp	oondence concerning this matte	er to the following:			
	Benisa	Levin				
		(	(Name of Person)			_
	Benisa	Levin, P.A.		•		
			(Firm/Company)			-
•	500 Sot	itheast 6th Stree			2	9
			(Address)		8	Visi
	Fort La	auderdale, FL	33301		A.R	97. 97.
		(City	/State and Zip Code)		ದ	CO
For furth	er information o	concerning this matter, please	call-		106 HAR -3 PH 5: 20	DIVISION OF CORPORATION
		, proude			<b>₩</b>	ATIO
_Beni	sa Levi		at ( 954 ) 523-7		0	₹
	(Name	of Person)	(Area Code & Daytime To	elephone Number)		,
Enclosed	is a check fo	r the following amount:				
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is end	us &	
	·.	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	18		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Brilliance LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
10868 Lake Wynds Court 10868 Lake Wynds Court  Boynton Beach, FL 33437 Boynton Beach, FL 33437
Boynton Beach, FL 33437  Boynton Beach, FL 33437  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:
Benisa Levin, P.A. Name
500 Southeast 6th Street, Ste. 100 Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33301 City, State, and Zip
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 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_MGRM	Jonathon Ohayon
	10868 Lake Wynds Court
	Boynton Beach, FL 33437
_MGRM	Jacob Ohayon
	25261 Margot Court
	Beachwood, OH 44122
<del></del>	
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<del></del>	
(Use attachment if necessary)	
` '	
LE V: Effective date, if other than the	he date of filing: (OPTIONAL
CLE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business days
/	he date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be date of filing: (OPTIONAL be specific and cannot be more than five business days
/	be specific and cannot be more than five business days
/	he date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRED SIGNATURE:	5: 20
REQUIRED SIGNATURE:  Signature of a mem	ber or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a mem  (In accordance with	5: 20

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)