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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL ;
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

J. BRYAN AUG 1 1 2006

COVER LETTER

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TO:	Registration Se Division of Cor			
SUBJI	ECT: Bright S	Spot Advertising	11:11:12:	
		(Name of Limited	d Liability Company)	
		f Organization and fee(s) are so	_	06 AUG 10 PM
	•	J	·	5
	Michael So	lowav		P
			Name of Person)	
				· .
			•	
		(Firm/Company)	
	200 East 5	57th Street, Apt. 31	N	
			(Address)	
,				
	New York,	, New York 10022		
		(City	/State and Zip Code)	•
For fu	ther information	concerning this matter; please	call;	
Michael Soloway		at (917) 554-233	32.	
	(Name	of Person)	(Area Code & Daytime T	'clephone Number)
Enclo	sed is a check fo	or the following amount:	,	
\$12 :	5.00 Filing Fee	\$\sumset\$ \$\\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\ \\$\	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR 1	S: nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE I - Name:	A STATE OF THE STA
The name of the Limited Liability Company is	s:
Bright Spot Advertising, LLC	
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 East 57th Street	200 East 57th Street, Apt. 3N
Apt. 3N	Apt. 3N
New York, New York 10022	New York, New York 10022
The name and the Florida street address of the	e registered agent are:
Nan	ne
428 Plaza Real, Suite 23	9
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
Boca Raton	FL 33432
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608. F.S.
	gisterea agent as providea for in Chapter 606, P.S.

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage	er	Name and Address:	0
"MGRM" = Mana			S. P.
MGR		Erin Tyler	6
	_	1018 Pitman Avenue	
		Glendale, California 91202	
		Ciendale, Camorna 31202	06 AUG 10
	_		
			
			<u> </u>
	_		
	_		
(Use attachment if	f necessary)		
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LE V: Effective d			
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fective date is listed days after the date of the date	ENATURE: Signature of a member (In accordance with see	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	, -
fective date is listed days after the date of the date	Signature of a member of this document const	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	

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)