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SECRETARY OF STATE

D. BRUCE

JUN 1 0 2009

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT:

Bright House Group LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sev Alpian

Name of Person

Bright House Group LLC

Firm/Company

757 SE 17th st.#1110

Address

Fort Lauderdale, Florida 33316-2960

City/State and Zip Code

sevalpian@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sev Alpian

at (_____ 516 ______ 507-2656 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

\$125.00 Filing Fee \$130.00 Filing Fee &

Certificate of Status

\$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 Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bright House Group LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

757 SE 17th st.#1110 Fort Lauderdale, Florida 33316-2960 757 SE 17th st.#1110 Fort Lauderdale,Florida 33316-2960

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:

Sev Alpian

Name

757 SE 17th st.#1110

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

Fort Lauderdale, 33316-2960 City, State, and Zip 33316-296

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.

Registered Agent's Signature (REQUIRED)

(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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Sev Alpian 757 Se 17th st.#1110 Fort Lauderdale,Florida 33316-2960

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury

that the facts stated herein are true.)

Typed or printed name of signee

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)