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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

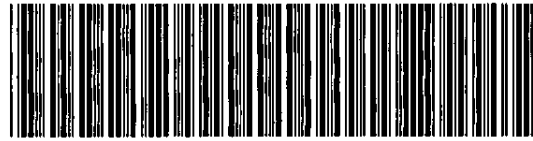
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B. KOHR

OCT 8 2012

EXAMINER



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08/22/12--01017--020 **155.00

EFFECTIVE DATE

11/1/2013

FILED
12 OCT -5 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



EFFECTIVE DATE 1/1/2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2012

SHARON C. RESHARD
BRIGHTER DAYS GROUP HOME, L.L.C.
220 N.W. 11TH STREET
HIGH SPRINGS, FL 34643

SUBJECT: BRIGHTER DAYS GROUP HOME, L.L.C.
Ref. Number: W12000043907

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TALLAHASSEE, FLORIDA

We have received your document for BRIGHTER DAYS GROUP HOME, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It is too early to file a company that won't become effective until January 1, 2013.

Please resubmit your filing in October.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 012A00021663

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE
EFFECTIVE DATE

11/1/2013

SUBJECT: Brighter Days Group Home, L.L.C.
Name of Limited Liability Company

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Sharon C Reshard

Name of Person

Brighter Days Group Home, L.L.C.

Firm/Company

220 NW 11th Street

Address

High Springs, FL 32643

City/State and Zip Code

screshard@gmail.com

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

For further information concerning this matter, please call:

Sharon C Reshard

Name of Person

at (352) 514-8812

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$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

EFFECTIVE DATE 1/1/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brighter Days Group Home, L.L.C.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

220 NW 11th Street
High Springs, FL 32643

Mailing Address:

220 NW 11th Street
High Springs, FL 32643

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:

Sharon Reshard
Name

220 NW 11th Street
Florida street address (P.O. Box **NOT** acceptable)

High Springs, FL 32643
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Sharon C Reshard
220 NW 11th Street
High Springs, FL

MGRM

Tanisha Canady
220 NW 11th Street
High Springs, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2013. (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 or 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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sharon C Reshard
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)