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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

JAN 31 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brilliance Network, 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:

Subrina J Berger

Name of Person

Brilliance Network, LLC

Firm/Company

37 N Orange Ave

Address

Orlando FL 32801

City/State and Zip Code

bree@33p.co

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

For further information concerning this matter, please call:

Ben Adkins

Name of Person

at ( 870 )

Area Code

219-2199

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

carlossilva

eSigned 2014-01-21 10:43AM CST  
workwithlos@gmail.com

Ben Adkins

eSigned 2014-01-21 10:56AM CST  
jv@imsecrets.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brilliance Network, 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:**

37 N Orange Ave

Orlando FL 32801

37 N Orange Ave

Orlando FL 32801

**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:

Carlos Silva

Name

456 Homer Ave

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

Longwood

City

FL 32750

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 605, F.S.*

carlossilva

carlossilva (Jan 21, 2014)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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carlossilva

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

Ben Adkins

37 N Orange Ave

Orlando FL 32801

Manager

Carlos Silva

37 N Orange Ave

Orlando FL 32801

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A 9/30 (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.)

N/A

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Ben Adkins  
Ben Adkins (Jan 21, 2014)

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

(In accordance with section 605.0203 (1) (b), 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.)

Benjamin J Adkins

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)**