

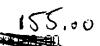
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2014 JAN 27 PM 3: 15

SECRETARY OF STATE
SECRETARY OF STATE

K. SALY 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 219-2199
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. N	- OK ENGLY MINE IN MANUAL I COVERNY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
and the state of t	
Brilliance Network, LLC	
	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
37 N Orange Ave	37 N Orange Ave
Orlando FL 32801	Orlando FL 32801
ARTICLE III - Registered Agent, Registered O	Office, & Registered Agent's Signature:
	ts own Registered Agent. You must designate an individual or
another business entity with an active Florida regi	stration.)
The name and the Florida street address of the regi	istered agent are:
Carlos Silva	
	Name P.C.
456 Homer Ave	PS- 27
Florida street address (P.C	O. Box NOT acceptable)
Longwood	FL 32750 750 49
City	Zip OF
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov	cept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this assistance of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S.
carlossilva (Jan 21, 2014)	
Registered Agent's	Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	Ben Adkins
	37 N Orange Ave
	Orlando FL 32801
Manager	Carlos Silva
	37 N Orange Ave
	Orlando FL 32801
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.)	of filing: January 1, 2013 (OPTIONAL) cific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	cific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the date of	cific and cannot be more than five business days prior to or 90 N/A
CLE V: Effective date, if other than the date of fective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Ben Add has (Jan 21, 2014 Signature of a men (In accordance with section 66 constitutes an affirmation un- I am aware that any false infe	cific and cannot be more than five business days prior to or 90 N/A
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