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EFFECTIVE DATE 662014



B. BOSTICK
JUN 1 8 2014
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Bright Marketing Group Name of Li	mited Liability Company
The en	closed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Becky Gritzke	Name of Person
		Firm/Company
	16419 NW 12th St	Address
	Pembroke Pines, FL 33028	City/State and Zip Code
_be	ecky.gritzke@yahoo.com E-mail address: (to be use	ed for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
Becky	Gritzke at (Name of Person	954) 594-8208
	ed is a check for the following amount: 10 Filing Fee \$\sum \text{Certificate of Status}\$	✓\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Marketing Group LLC (Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC	:.")	_	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company	is:		
Principal Office Address:	Mailing Address:			
Becky Gritzke 16419 NW 12th St Pembroke Pines, FL 33028	Becky Gritzke 16419 NW 12th St Pembroke Pines, FL 33028			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration	legistered Agent. You must designate	an indi	vidual o	ır
The name and the Florida street address of the registered a	gent are:			
Becky Gritzke Name				
16419 NW 12th St Florida street address (P.O. Box	NOT acceptable)			
Pembroke Pines	FL 33028			
City	Zip			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblighted Registered Agent's Signature.	the appointment as registered agent ar fall statutes relating to the proper and gations of my position as registered ag r 605, F.S	nd agree comple	e to act i ete perfo	in this rmance
(CONTINUE	<i></i>			•
Page 1 of 2				6)
			 U	f. A C. Leaderston

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Becky Gritzke	
	16419 NW 12th St.	
	Pembroke Pines, FL 33028	
<u></u>		
	.	
(Use attachment if necessary)		
E V: Effective date, if other than the ective date is listed, the date must bof filing.)	date of filing: <u>6/20/14</u> . (OPTIONAL e specific and cannot be more than five business days prior	
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