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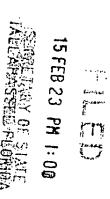
(Re	equestor's Name)	
(Ad	dress)	<u>-</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	gistration Sect ision of Corpo			
SUBJECT:	Future Brigh		mited Liability Company	<del> </del>
		Name of Li	miled Liability Company	
The enclosed	d Articles of Or	ganization and fee(s) a	are submitted for filing.	
Please return	all correspond	ence concerning this n	natter to the following:	
_	Ruzilya Nadle	г		
_			Name of Person	
<u>. (</u>	Future Bright,	LLC		
			Firm/Company	
<u>.</u>	987 Fern Ave	apt 302		
			Address	
<u>(</u>	Orlando, FL 3	2814		
		(	City/State and Zip Code	
rosena	dler84@gmai			
	E-r	nail address: (to be use	ed for future annual report notific	ation)
For further in	nformation con-	cerning this matter, ple	ease call:	
Ruzilya Na	dler	at (	561 866-9818	
	Name of I			elephone Number
Enclosed is a	check for the	following amount:		
<b>3</b> \$125.00 Filii		130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A		Street/Courier Add	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:				
Future Bright, LLC				
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "Ll	LC.")		
ARTICLE II - Address:				
The mailing address and street address of the principal	l office of the Limited Liability Compar	ny is:		
Principal Office Address:	Mailing Address:			
987 Fern Ave, apt 302	987 Fern Ave, apt 302			
Orlando, FL 32814	Orlando, FL 32814		_	
The name and the Florida street address of the register  Ruzilya Nadler  Nar				
987 Fern Ave, apt 302	ne			
Florida street address (P.O. B	Box NOT acceptable)			
Oriando	FL 32814			
City	Zip			
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cha	ept the appointment as registered agent ns of all statutes relating to the proper a	and agree nd comple	to act te perf	in this
Registered Agent's Sig	nature (REQUIRED)	TANK MA	15 FEB	
(CONTIN		STATE OF S	323 PH 1:	Same and a second

<u>Title:</u> "AMBR" = Authorized N	Name and Address:
"MGR" = Manager	
AMBR	Ruzilya Nadler 987 Fern Ave, apt 302, Orlando, Fl 32814
	907 Felli Ave, apt 302, Ollando, Fl 32014
AMBR	Timothy Majors
	987 Fern Ave, apt 302, Orlando, Fl 32814
	<del></del>
ctive date is listed, the d	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
EV: Effective date, if oth	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9
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E V: Effective date, if oth ctive date is listed, the d filing.)  E VI: Other provisions, if REQUIRED SIGNATU	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 9  ny.  E:  ature of a member of an authorized representative of a member.
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