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## COVER LETTER

:35

	Registration Section Division of Corporations	
OUD IEC	Brightling Properties, LLC	
SUBJEC	CT: Name of Limited	Liability Company
The enclo	losed Articles of Organization and fee(s) are subr	nitted for filing.
Please ret	eturn all correspondence concerning this matter to	o the following:
	Elizabeth Rodon	
	Na	me of Person
	Brightling Properties, LLC	• •
	Fi	m/Company
	2108 W. Azeele St	· · · · · · · · · · · · · · · · · · ·
		Address
	Tampa, FL 33606	
	City/St bebin.rodon@gmail.com	ate and Zip Code
	E-mail address: (to be used for fi	ture annual report notification)
For further	er information concerning this matter, please call:	
	Elizabeth Rodon 813 - at (	
		ode Daytime Telephone Number
		alt —
Enclosed	d is a check for the following amount:	
\$125.00		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	the state of the s	
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee. FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32302

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			FILED 16 APR 20 PM 3: 24
Brightling Properties.	LLC			SECRETARY
(Must end	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	fice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Addre	<u>ss</u> :
2108 W. Azeele St T	ampa, FL 33606	sam	e	
				<del></del>
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registration	n.)	You must designate an indi	vidual or
		Name		
	2108 W. Azeele St			
	Florida street address	(P.O. Box NOT	cceptable)	
	Tampa	FI	33606	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appo ovisions of all statutes re	ointment as register lating to the prope	ed agent and agree to act in and complete performance	this capacity. I of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Citle:	person authorized to manage and control the Limited Liability Company:  APR 20 PI  Name and Address:
	The IT December 1
AGR" = Manager	ALLAHASSEF
GR	Elizabeth Rodon
	2108 W. Azeele St
	Tpa, FL 33606
MBR	Alison French
	2108 W. Azeele St
	Tpa, FL 33606
V: Effective date, if other thative date is listed, the date mifiling.)	n the date of filing:
V: Effective date, if other that tive date is listed, the date materials, he date inserted in this block cent's effective date on the De	ust be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will n
V: Effective date, if other that tive date is listed, the date in filing.) he date inserted in this block ent's effective date on the De VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 9 does not meet the applicable statutory filing requirements, this date will n
V: Effective date, if other that tive date is listed, the date in filing.) he date inserted in this block ent's effective date on the De VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or solves not meet the applicable statutory filing requirements, this date will nepartment of State's records.  Although
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