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(Document Number)
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bright Fotore Real Estate Investors 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:
Cibes
Name of Person
Firm/Company
PU Ficx /L/522
Address
First Lander Jite F1 353/6 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Famail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cycl. Ch45 at (754) 245 5808  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\int \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations P.O. Box 6327  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallainissee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limite	ed Liability Company .::			
Bright Fo	Sture Real Estate Must end with the words "Limited	e Investors	LL C	_
<u> </u>	Must end with the words "Limited	Liability Company, "L.	.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address at	ess: nd street address of the principal of	ffice of the Limited Liab	oility Company is:	
Principal Office Addi	ress: Mailir	ng Address:		
1120 NW 29 FORF LANDER JAH	H Way	PO. Box / Fuel Landered	101522 11c, Fl. 33310	_ _ 
(The Limited Liability	tered Agent, Registered Office, & Company cannot serve as its own by with an active Florida registration	Registered Agent, You	Signature: must designate an indi	vidual or
The name and the Flori	ida street address of the registered	agent are:	. د خ:	_
	Faudeler Choufe	2		17 9
			프랑	SEP 22
	1120 NW 29th WA Florida street address (P.O. Box	1/	\times \tim	22
	Fort Laudendale City	FL 333(1		
	City	Zip	95	
the place designate capacity. I further as	s registered agent and to accept ser d in this certificate, I hereby accept gree to comply with the provisions a am familiar with and accept the obli- Chapte	the appointment as regi of all statutes relating to	istered agent and agree the proper and comple	ility company at to act in this te performance
	tough Elu			
	Registered Agent's Signat	ure (REQUIRED)		

(CONTINUED)

Page Lof2

Title: "AMBR" - Authorized Member "MGR" = Manager  AMBR	
	·
AMBR	Cualdi Ohac
	419 Tree house In D-22
	Tamarac FL 33319
4 . 2 0	
AMBR	For Landerdale, FL. 33311
	Foot Loudendale FL 33311
	POUR LADGE ONJE, 12. 3351.
•	
(Use attachment if necessary)	
E V: Effective date, if other than the date of h	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9
active date is listed, the date must be specific	. And Cannot be more man need business days befor to be
	and Cannot be more man five business days prior to or a
of filing.)	and Cannot be more man live business days prior to or .
of filing.)	
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of filing.)	Emproy Shall Require for Authorized a
of filing.)	
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of filing.)  E VI: Other provisions, if any.  RANSACTION CONCERNING this Concerning this concerning of	
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E VI: Other provisions, if any.  RANSACTION CONCERNING THIS CONCERNING THIS CONCERNING THIS CONCERNING OF THE DESCRIPTION OF A MEMBER (In accordance with section 605.0 constitutes an affirmation under I am aware that any false inform	r or an authorized representative of a member.  2203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, action submitted in a document to the Department of State
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Page 2 of 2