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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_ JAIDAANDERSON01@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. **BEYOND BRIGHT LLC** 

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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H21000455054

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# **BEYOND BRIGHT LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**Mailing Address:** 

1381 N CLYDE MORRIS LANDING APT 10-108

DAYTONA BEACH, FL 32117

1381 N CLYDE MORRIS LANDING APT 10-108

DAYTONA BEACH, FL 32117

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JAIDA JEMECCIA ANDERSON

Name

1381 N CLYDE MORRIS LANDING APT 10-108

Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH

cr 32117

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with aid accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

egistered Agent's Signature REQUIRED

(CONTINUED)

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# H21000455054

| <u> Fitle:</u>   | Name and Address:   |
|--|---|
| AMBR" = Authorized Member  |   |
| MGR" = Manager AMBR  | JAIDA JEMECCIA ANDERSON   |
| ANDIV  | 1381 N CLYDE MORRIS LANDING APT 10-108  |
|  | DAYTONA BEACH, FL 32117   |
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| V: Effective date, if other than the certive date is listed, the date must be filling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  | specific and cannot be more than five business days prior to or 90 member of an authorized representative of a member.    |
| V: Effective date, if other than the certive date is listed, the date must be filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:   | member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document |
| V: Effective date, if other than the certive date is listed, the date must be filing.)  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  An accordance with sections of the certification of the certificatio | specific and cannot be more than five business days prior to or 90 member of an authorized representative of a member.    |

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