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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BRIGH WORLD, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 AUG -9 PM 1:36

STATE
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NOTICESTATE
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

BRIGH WORLD, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

BRIGH WORLD, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**150 SE 2ND AVE STE 321
MIAMI, FL. 33131**

The mailing address shall be:

**150 SE 2ND AVE STE 321
MIAMI, FL. 33131**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

SANDRA LARRARTE

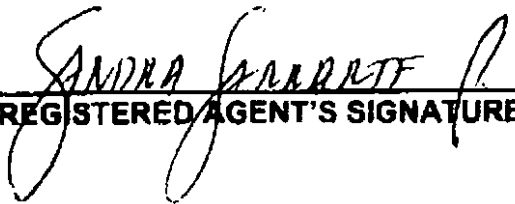
**150 SE 2ND AVE STE 321
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33131
City, State, and Zip**

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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 and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

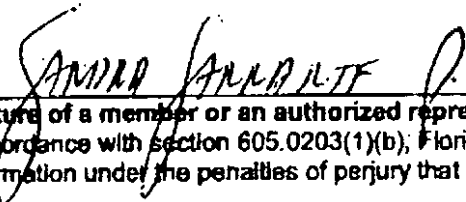
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SANDRA LARRARTE
150 SE 2ND AVE STE 321
MIAMI, FL. 33131

AMBR

JULIAN SALAS
150 SE 2ND AVE STE 321
MIAMI, FL. 33131

MANAGER


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANDRA LARRARTE
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA