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SEORETARY OF STAIC TALLAHASSEE, FL

COVER LETTER

тб:	New Filing Section Division of Corporations		₹.	
01/81	BRILLIANT RESOURCES LLC			
SUBJI		imited Liabil	ity Company	
The en	nclosed Articles of Organization and fee(s)	are submitted	l for filing.	
Please	return all correspondence concerning this r	natter to the	following:	
	RASA RAZGAITIS			
		Name of	Person	
	BRILLIANT RESOURCES			
		Firm/Co	ompany	
	500 TREASURE ISLAND CSWY 3	03		
	 	Addı	ress	
	TREASURE ISLAND, FLORIDA 3	3706		
	rasarazgaitis@yahoo.com	City/State ar	id Zip Code	
	E-mail address: (to be use	ed for future a	annual report notificati	ion)
For furt	her information concerning this matter, plea	ase call:		
	RASA RAZGAITIS	727	2208777	
		Area Code	Daytime Telephon	e Number
Enclos	sed is a check for the following amount:			
□\$12	25.00 Filing Fee Certificate of Status	Certif	5 00 Filing Fee & ied Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address New Filing Section D	lyteton
	New Filing Section Division of Corporations		The Centre of Tallaha	assee
	P.O. Box 6327		2415 N. Monroe Stre	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name: BRILLIANT RESOURCES LLC (Must contain 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: 500 TREASURE ISLAND CSWY 303 TREASURE ISLAND CSWY 303 TREASURE ISLAND, FLORIDA 33706 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:

Name

500 TREASURE ISLAND CSWY 303

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

TREASURE ISLAND FLORIDA 33706

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

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	RASA RAZGAITIS 500 TREASURE ISLAND CSWY 303 TREASURE ISLAND. FLORIDA 33706				
	SECH TAL				
	AY31 PM 2 ETTARY OF S ENASSEE.				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:					
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed at of State's records.				
ARTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:	Para Razga.				
This document is exec I am aware that any fal	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.				
RASA RAZGA	AITIS Typed or printed name of signee				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)