

Jan. 17. 2024 3:30PM

**124000019809**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000023642 3)))



H240000236423ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

**\*\*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.  
BRIGHTWILL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEPT. OF STATE  
TALLAHASSEE, FL

2024 JAN 17 AM 9:10

**FILED**

FILED  
2024 JAN 17 PM 4:35

Jan 17, 2024 3:30 PM

H24 0000 236423

No. 1156 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIGHTWILL 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:

2100 PGA BLVD. #337  
PALM BEACH GARDENS, FL 33408

Mailing Address:

2100 PGA BLVD. #337  
PALM BEACH GARDENS, FL 33408

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:

GENNADY PEREPADA

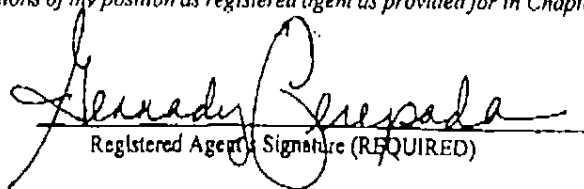
Name

2100 PGA BLVD. #337

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

PALM BEACH GARDENS FLORIDA      33408  
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)

2024 JAN 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

H24 0000 236423

H24 0000 236423

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

GENNADY PEREPADA  
2100 PGA BLVD. #337  
PALM BEACH GARDENS, FL 33408

AMBR

VADZIM NIAKHAI  
2100 PGA BLVD. #337  
PALM BEACH GARDENS, FL 33408

AMBR

ALTAI ABDUGALI  
2100 PGA BLVD. #337  
PALM BEACH GARDENS, FL 33408

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

/s/ ANNA GERZON

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANNA GERZON ESO

Typed or printed name of signer

FILED  
2024 JAN 17 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

H24 0000 236423