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City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1.	Lisa Mª G Regr Laserar-	YPW) Jestor's Name - GYOUP LLC Address	90000282 -03/30/99- ****285.0	01068005
1. Bright Fulles Group (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certified Copy (Corporation Name) (Document #) Mail out Will wait Photocopy Certificate of Status NEW FILINGS Amendment Resignation of R.A., Officer/Director (Change of Registered Agent Dissolution/Withdrawal Dissolution/Withdrawal (Document #) Other Resignation of R.A., Officer/Director (Change of Registered Agent Dissolution/Withdrawal Merger OTHER FILINGS Annual Report Foreign Resignation of Resistatement (Document Examine) (Do	OSprey, P	1 34229		
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CR2E031(1/95)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIGHT FUTURES GROUP, LLC

ARTICLE II - Address:

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

219 Keel Way Osprey, FL 34229

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL, beGINNING 4-1-99

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

> LISA 1. M-GREIS 219 Keel Way OSPREY, FL 34229

> > ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

THE RIGHT TO ADMIT ADDITIONAL MEMBERS IS HEREBY GRANTED UNDER TERMS & CONDITIONS TO BE DETERMINED PERIODICALLY by ALL MEMBERS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

HEREBY GRANTED FOR THE REMAINING MEMBERS) TO CONTINUE THE BUSINESS I'N ANY EVENT.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	
BRIGHT FUTURESGROUP, LLC CET	tifies
 the above named limited liability company has at least two members; the total amount of cash contributed by the member(s) is 	s 17,000=
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is 	\$
$\sim \sim \sim 1.1$	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LISA L. MS GREW

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:
	BRIGHT FUTURES GROUP, LLC
2.	The name and the Florida street address of the registered agent are:
	LISA L. MI GREW
	Florida street address (P. O. Box NOT ACCEPTABLE)
	OSPREY FL 34229 CITY. STATE AND 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.

Mina L. Milw SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent