

M170000010618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

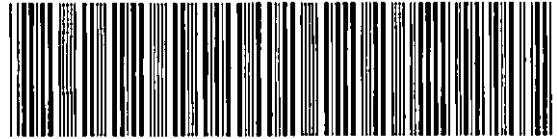
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert
w17-84048

Office Use Only



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CLERK OF SUPERIOR COURT

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REC 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2017

BRIGHT SOLTUIONS, "LLC"
1826 LIVE OAK DR S
ROCKLEDGE, FL 32955

SUBJECT: BRIGHT SOLUTIONS MFG, "LLC"
Ref. Number: W17000084048

We have received your document for BRIGHT SOLUTIONS MFG, "LLC" and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the complete principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 417A00022920

2017 DEC 13 PM 1:34

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2017

BRIGHT SOLTUIONS, "LLC"
1826 LIVE OAK DR S
ROCKLEDGE, FL 32955

SUBJECT: BRIGHT SOLUTIONS MFG, "LLC"
Ref. Number: W17000084048

We have received your document for BRIGHT SOLUTIONS MFG, "LLC" and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 517A00021260

2017 NOV -6 PM 5:54

IN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bright Solutions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen Craig Calhoun

Name of Person

Firm/Company

1826 live oak dr s

Address

Rockledge, FL 32955

City/State and Zip Code

scraigcalhoun@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Calhoun

715 293-6111
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Bright Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Bright Solutions MFG, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wisconsin 3. 27-4198652
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/17/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1826 LIVE OAK DR S 6. 1826 live oak dr s
(Street Address of Principal Office) (Mailing Address)
ROCKLEDGE, FL 32955 rockledge, FL 32955

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: S. Craig Calhoun
Office Address: 1826 live oak dr s
Rockledge, Florida 32955
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	<u>S. Craig Calhoun</u> <u>1826 live oak dr s</u> <u>Rockledge, FL 32955</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

[Signature]
Signature of an authorized person
Stephen Craig Calhoun
Typed or printed name of signee

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

BRIGHT SOLUTIONS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 08, 2010.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 02, 2017.

A handwritten signature in black ink, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **209042-98FCA8A0**