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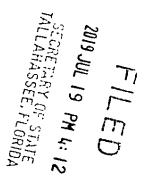
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Y SCOTT
JUL 2 9 2019



COVER LETTER

TO: Registration Section Division of Corporations	45			9	t
SUBJECT: BRIGHTM	OON HOMES				
	Name of Limi	ted Liability Co	mpany		
The enclosed "Application by Forei Existence, and check are submitted					
Please return all correspondence cor	acerning this matter to the follo	owing:			
Weam F	arid				
	Name	of Person			
BRIGH1	MOON HOM	ES, LLO	2	.	
	Firm/C	Company		1019.	
14859	Golden Sunbu	rst Ave		SECRETALLY FALLAHASSE	
	Ac	ldress		0 X	
Orlando	, FL 32827			PH 4: 12 OF STATE EE, FLORIDA	
	·	and Zip Code		RIDA RIDA	
-	ghtmoonhome				
	E-mail address: (to be used for	future annual re	port notification)		
For further information concerning t					
Weam Farid	at	, <u>407</u> ,	927-699	99	
Name of 0	Contact Person	Area Code	Daytime Tele	phone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		i. ! (2	STREET ADDRE Division of Corpor Registration Section Clifton Building 1661 Executive Ce Fallahassee, FL 32	rations on enter Circle	
Enclosed is a check for the Please make check payable	following amount: to: FLORIDA DEPARTME	NT OF STATE	ē.		
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	_	iling Fee &	3 \$160.00 Filing Fe of Status & Certif	

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

(Date first transacted business in Florida, if prior to registration.) (See sections 605 0905, F.S. to determine penalty liability.) 14859 Golden Sunburst Ave (Street Address of Principal Office) Orlando, FL 32827 Orlando, FL 32827 Orlando, FL 32827 Same and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N STE 300	#: ##
A 14859 Golden Sunburst Ave (Street Address of Principal Office) Orlando, FL 32827 Came and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office Address: 7901 4th St N STE 300	~
Orlando, FL 32827 Orlando, FL 32827 Orlando, FL 32827 Orlando, FL 32827 Name: Registered Agents Inc. Office Address: 7901 4th St N STE 300	
Orlando, FL 32827 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. 7901 4th St N STE 300	ve
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Office Address: Name: 7901 4th St N STE 300	_
Name: Registered Agents Inc. 7901 4th St N STE 300	
Office Address:	
St Petershurg 33702	
St. 1 Stellsburg	
(City) (Zip zode)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Nevine Farid Name: Weam Farid Manager ✓ Manager 14859 Golden Sunburst Ave 14859 Golden Sunburst Ave Member Member Orlando, FL 32827 Orlando, FL 32827 Authorized Authorized Person Person Other Other Other_ Name: _____ Manager Manager Name: Member ☐ Member Address: ____ Address: ☐Authorized Authorized Person Person Other___ Other____ Other_ Other Manager Name: ___ ☐ Manager Name: Member Address: Member Address: Authorized Authorized Person Person __Other_____ Other Other_ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 telony as provided for in s.817.155, F.S. Weam Farid

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of States do hor by certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the levada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BRIGHTMOON HOMES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 5, 2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 12, 2019.

Bollina K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20190712-1297