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September 3, 2019

DOLORES PEREZ 1711 CORAL RIDGE DR FORT LAUDERDALE, FL 33305

SUBJECT: ONE BRIGHT FUTURE LLC

Ref. Number: W19000080444

We have received your document for ONE BRIGHT FUTURE LLC and your check(s) totaling \$130.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey Regulatory Specialist II

Letter Number: 519A00018116

RECEIVED OCT 0 4 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ONG BRIGHT Name of Limited	FUTURE LLC Liability Company
The enclosed "Application by Foreign Limited Liability Company for Existence, and check are submitted to register the above referenced for	Authorization to Transact Business in Florida," Certificate of oreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following	ng:
DOLORES PE	REZ
Name of	Person
ONE BRIGH	FUTURE LLC
Firm/Con	npany
1711 CORAL RID	DE DR
Addro	ess
FORT LAUDERDA	126, FL 33305
	•
	moraara com
E-mail address: (to be used for fut	ture annual report notification)
For further information concerning this matter, please call:	
DOLORES PEREL an	Area Code Daytime Telephone Number
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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$125.00 Filing Fee \$\sumeq \text{Certificate of Status}\$	Tallahassee, FL 32301 T OF STATE S155.00 Filing Fee & S160.00 Filing Fee, Certificat of Status & Certified Copy

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

	TION 605,0902, FLORIDA STATUTI SINESS IN THE STATE OF FLORII		SUBMITTED TO REGIS	TER A FOREIGN LIMIT.	F.D I.JABILITI
1 (Name of Foreign I	NE BRIGHT Limited Liability Company; must inclu	FUTURE	oany," "L.L.C.," or "LLC."	· · · · · · · · · · · · · · · · · · ·	_
(If name unavailable, enter alternate na	me adopted for the purpose of transacting b	usiness in Florida. The alternate r	name must include "Limited Li	ability Company," "L.L.C," or	"L.I.C.")
2. DELAW (Jurisdiction under the law of wh	PARE ach foreign limited liability company is organ	3	84 - 27	+85216 nber, (Capplicable)	
4. <u>N/</u>	<u> </u>	to Constitution (Section)			
= 1711 (aga	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F		SA	1NE	
	L RIDGE DR OERDALE, FC 3	°. — 3305	(Mailing Ad		_
				.	
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> accept	able)	19 OCT	
Name:	Dolores Pe	°(CE	-	-1, PH	, 11 , —
Office Address:	1711 CORAL		_	्रा क्रिक्ट हिंक ह	*
	FORT LAUDE	RDALE	_ , Florida3 <u>3</u> (Zip co	<u>305</u>	
designated in this applicat to comply with the provision	ance: gistered agent and to accept se ion, I hereby accept the appoi ons of all statutes relative to the of my position as registered a	ntment as registered a ne proper and complete	gent and agree to ac	t in this capacity. I fi	irther agree
	(Regis)	tered agent's signature)	<u></u>		

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: ■ Manager Name: _____ Manager Address: 1711 CORAL RIDGEDR Member Address: Member AUDGRDALEFL ☐ Authorized Authorized Person Person ___Other_______ Other____ Other Other_ Name: _____ Manager Manager Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other_____ Other____ Other ____ Other Manager Manager Name: _____ Address: _____ ☐ Member Member 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 felony as provided for in s.817.155, F.S. Signature of an authorized person

DOLORES



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ONE BRIGHT FUTURE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE BRIGHT FUTURE LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2019.

Authentication: 203638875

Date: 09-20-19