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SECRETARY OF STATE
ALLAHASSEF MSTATE

UB/20

TO: Registration Section Division of Corporations Ý,

SUBJECT:

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 ret

Please return all correspondence concerning this matter to the following:
Francisco Gozon
Name of Person
BRIGHTLIGHT PROPERTIES GROUP, LL
Firm/Company
8875 Ramblewood Dr Apt 2014
Coral Springs El 22071
Coral Springs, FL 33071 를 으
City/State and Zip Code
franciscogozon@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Francisco Gozon 305 733-4241
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$\sum_\$ \$125.00 Filing Fee \$\sum_\$ \$130.00 Filing Fee \$\sum_\$ \$\sum_\$ \$155.00 Filing Fee \$\sum_\$ \$\sum_\$ \$160.00 Filing Fee. Certificate of Status \$\sum_\$ Certified Copy \$\sum_\$ 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:

(Name of Foreign	PROPERTIES GROUP, LL Limited Liability Company; must include "Limited L tame adopted for the purpose of transacting business in Florida.	iability Comp	pany, ""L.L.C.," or "LLC.") name must include "Limited Liability Company," "L.L.C." or "LLC.")	
, Nevada		2	702 TAI	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(Fill number, if applicable)	! -
4.	(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine p	stration.) cenalty liability)	ng p	1
	wood Dr Apt 2014	887	75 Ramblewood DEApt 2914)
(Street Address of I	Principal Office)	0	(Mailing Address)	
Coral Spring	gs, FL 33071	Co	oral Springs, FL 33071	
Name:	ss of Florida registered agent: (P.O. Box N	•		
Office Address:	7901 4th St N STE	300	_	
	St. Petersburg		Florida 33702	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as re	egistered a _l	e above stated limited liability company at the page of the page o	agree

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: Title or Capacity: Title or Capacity: Name and Address: Name: Francisco Gozon Natacha Gozon Manager ✓ Manager 8875 Ramblewood Dr Apt 2014 8875 Ramblewood Dr Apt 2014 Address: Member Address: ☐ Member Coral Springs, FL 33071 Coral Springs, FL 33071 ☐ Authorized Authorized Person Person Other_ Other____ Other_ Other_ Name: Juan Gozon Manager Manager Manager 8875 Ramblewood Dr Apt 2014 Member Coral Springs, FL 33071 ■Authorized Authorized Person Person Other Other_ Other____ Other_ Manager Name: _____ Manager Name: Member ■ Member Address: 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 felony as provided for in s.817.155, F.S. Francisco Gozon

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State rido here certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequents 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, BRIGHTLIGHT PROPERTIES GROUP, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/25/2020, and is in good standing in this state.

Certificate Number: B202010061129775

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/06/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State