

M21000006560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

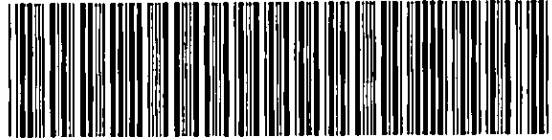
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400366999954

05/27/21--01005--004 **125.00

ALLAHASSEE, FLORIDA

2021 MAY 26 PM 4:45

NOT RECEIVED

2021 MAY 28 AM 9:40

2021 MAY 28 AM 9:40

FILED

JUN - 1 2021

M. SOLOMON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/26 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** FOREIGN LLC

1. **BRIGHTLITE HOMES 1, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2021

CORPORATE ACCESS, INC.

SUBJECT: BRIGHTLITE HOMES 1, LLC
Ref. Number: W21000077319

We have received your document for BRIGHTLITE HOMES 1, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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

Mel Solomon
Senior Section Administrator

Letter Number: 021A00011499

Corrected

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brightlite Homes 1 LLC Nevada Corp
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:

MARINA Graeve
Name of Person

Brightlite Homes LLC
Firm/Company

7741 N Military Trl #1
Address

West Palm Beach FL 33410
City/State and Zip Code

chris@re-build.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen at (561) 855 2037
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

2021 MAY 28 AM 9:41
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

GENERAL AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Palm Beach

I, the undersigned, being first duly sworn, do hereby state under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts herein, and if called as a witness, could testify competently thereto.
2. My name is Marina Graeve and I am the Owner, Registered Agent, and Manager of Brightlite Homes 1 LLC, a Florida limited liability company.
3. I am aware of the dissolution of the entity Brightlite Homes 1 LLC, a Florida limited liability company on May 25th, 2021 as it was dissolved at my behest.
4. I have no intention of revoking the dissolution of the entity Brightlite Homes 1 LLC, a Florida limited liability company at any time.
5. I release the use of the name Brightlite Homes 1 LLC, a Florida limited liability company for use to any other entity that seeks to use it.

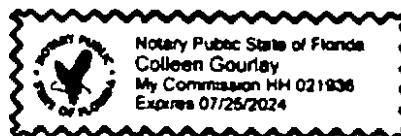
Signature: [Signature]
Name: Marina Graeve

STATE OF FLORIDA)

COUNTY OF Palm Beach

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgments personally, appeared Marina Graeve who is personally known to me or who has produced a _____ as identification and who executed the foregoing instrument and he/she acknowledged before me that he/she executed same. WITNESS my hand and official seal this 28th day of May, 2021

Notary Public
Print Name Colleen Gourlay
My commission expires: 7-25-2024



FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

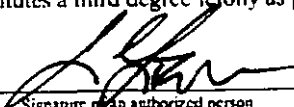
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Christopher Gaare</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>774 N Military</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Trail # 1</u>	<input type="checkbox"/> Authorized	_____
Person	<u>West Palm Beach, FL 33410</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

CHRISTOPHER GAARE

Typed or printed name of signer

2021 MAY 28 AM 9:41
FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS

FILED

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby 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 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, **Brightlite Homes 1 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 12/01/2020, 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 03/04/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202103041484156

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