M2300001458

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PłCK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Tred Copies Certificates of Status					
rotal Instructions to Filing Officer:					
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FEB - 3 2023 K. Brumbley 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$125.00 AUTHORIZATION SIGNATURE: Jano Full-Bright AV LLC Document Number, (if known): Business Name Pick up time____ Walk in Will wait Photocopy Mail out Certified Copy of the Articles of Organization ___ Certificate of Status **NEW FILINGS** <u>AMMENDMENTS</u> __Amendment Profit Resignation of R.A. Officer/Director Not for Profit ___ Change of Registered Agent X Limited Liability ___Revocation of Dissolution Domestication __Merger Other Conversion CORP Amended and restated Articles PLLC Statement of Authority REGISTERATION/QUALIFICATIONS OTHER FILINGS ___ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other APOSTIL() _ Country

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COVER LETTER

TO:

ro:	Registration Section Division of Corporations					
air i	Bright AV LLC					
, (171)	Name of Limited Liability Company					
The en Exister	nclosed "Application by Foreign Limited Liability Coence, and check are submitted to register the above ref	ompany for Authorization to Transact Business in Florida," Certifica ferenced foreign limited liability company to transact business in Florida.				
'lease	e return all correspondence concerning this matter to t	the following:				
	Reggie Jackson					
	Name of Person					
		Firm/Company				
		Address				
	Huntington Beach, CA 92649 City/State and Zip Code					
	reggie@brightav.com					
	E-mail address: (to be u	ised for future annual report notification)				
For fu	urther information concerning this matter, please call:					
	Reggie Jackson	510 9150337				
	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 DEPA \$\equiv \\$125.00 \text{ Filing Fee} \\$130.00 \text{ Filing Fee} \text{Certificate of}	& 🔲 \$155,00 Filing Fee & 🗀 \$160,00 Filing Fee, Certifi				

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bright AV LLC			
(Name of Foreign	Limited Liability Company, must include "Limited	Erability Company," "L.L.C.," or "L.L.C.")	
If name unavariable, enter alternate n	same adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	y Company," "L.L.C," or "LLC.")
State of California		3	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if	applicable)
4			_
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	e penalty liability)	
15181 Springdale St 5.		6. (Mailing Address)	
5. (Street Address of Principal Office)		(Mailing Address)	
Huntington Beach, CA	92649	Huntington Beach, CA 92649	
			
7 Name and stand older	ss of Florida registered agent: (P.O. Box	NOT accompable)	2023
7. Name and <u>suger adures</u>	S of Fiorida registered agent. (1.0, box	<u>ivor</u> acceptable)	
Name:	Reggie Jackson		
Office Address:	World Disney Swan & Dolphin Hotel		PH (2)
Office Address.	1500 Epcot Resorts Blvd . Later Bo		: 42
	(City)	, Florida(Zip code)	_
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.	registered agent and agree to act in th	nis capacity. I further a
	Roggio Jacks (Registered agent's s	igunture)	-

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized (manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Michael Arp Name: Howard Wallace Manager ☑Manager Address: ____ Address: 15181 Springdale St □Member Huntington Beach, CA 92649 Huntington Beach, CA 92649 ☐ Authorized □ Authorized Person Person □Other____ Other_____ □Other_____ Other _____ Name: Reggie Jackson ■ Manager **■** Manager Address: _____ Address: ______ □Member ☐ Member Huntington Beach, CA 92649 Huntington Beach, CA 92649 ☐ Authorized □ Authorized Person Person □Other_____ □Other____ □Other____ □Other_____ Name: ☐ Manager Name: □ Manager Address: _____ 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. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informatic submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Reggis Jackson Jr
Agnature of an authorized person

Typed or printed name of signee

Reggie Jackson



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

BRIGHT AV LLC

Entity No.:

201722110543

Registration Date:

08/04/2017

Entity Type:

Limited Liability Company - CA

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 13, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 073398232

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of Stat Certification Verification Search available at **biz**fileOnline.sos.ca.gov.