

**P09000032563**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

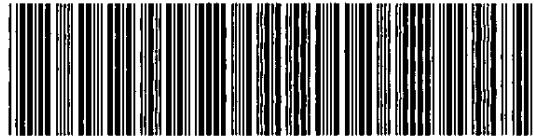
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**300147322563**

03/30/09--01012--027 \*\*78.75

**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR -9 P 4: 58

4-10-09  
~~3-31-09~~  
wlc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 APR -9 AM 11:17

DIVISION OF CORPORATION

March 31, 2009

ALAN R. DUKE  
5901 PALM TRACE LANDING DR., #206  
DAVIE, FL

SUBJECT: BRIGHTEDGE INC.  
Ref. Number: W09000015057

We have received your document for BRIGHTEDGE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00010834

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: BRIGHTEDGE INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: ALAN R. DUKE  
Name (Printed or typed)

5901 PALM TRACE LANDINGS DR #206  
Address

DAVIE, FL  
City, State & Zip

317-547-2903  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

~~Bright Edge Inc.~~ BRIGHT MARK INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5901 PALM TRACE LANDINGS DR #206  
DAVIE FL 33314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROPERTY MAINTENANCE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ALAN R. DUKE  
5901 PALM TRACE LANDINGS DR #206 DAVIE, FL 33314  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ALAN R. DUKE  
5901 Palm Trace Landings Dr. #206  
Davie, FL 33314

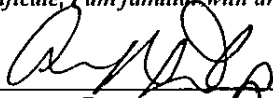
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ALAN R. DUKE  
5901 Palm Trace Landings Dr. #206  
Davie, FL 33314

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

03/26/09

Date

03/26/09

Date

FILED  
2009 APR - 9 P 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA