## P1880085537

(Requestor's Name)				
(Address)				
(An	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

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

SUBJECT: Bright Ideas of	FENAME-MUST INCLUDE SUFFIX)
(PROPOSED CORPORATE Enclosed are an original and one (1) copy of the article	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Lisa A. Bri	(Printed or typed)
501 NW 5310	Street ddress
Boca Raton, Fl	- 33487 State & Zip
· · · · · · · · · · · · · · · · · · ·	lephone number
Lisa. A. Bright e	for future annual report notification)

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 NA	ME ation shall be: Bright I	Jeas + Solution	ens Inc.
50	Principal office  Principal street address  Now Sord 4.	Mailing a	ddress, if different is: Federal Hwy. Deach, FL 33483
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	V	
Provide	Economic des Development	relopment an	d recent
ARTICLE IV SH The number of shares o	ARES	consulting.	WILLIAMS SEE, FLORID
Name and Title:	TIAL OFFICERS AND/OR DIRE LISA A BUSH, ICE 501 NW SBS ST. DCA RODO, FL 33487	Address:	6 F
Name and Title:_Address:		Name and Title:Address:	
Name and Title:_Address:			
	Street address (P.O. Box NOT accepta LISG A. Bright Sol NW Syrch Boca Raton L	able) of the registered agent is:	
ARTICLE VII INC The name and address Name: Address:	of the Incorporator is:  So N. 5310  BOCG FULTON	<del>SI</del>	
Having been named as this certificate, I am fan	registered agent to accept service of pulliar with and accept the appointment  Required Signature Registered Agen	as registered agent and agree to ac	ration at the place designated in at in this capacity    O
I submit this document document to the Depart	and affirm that the facts stated here ment of State constitutes a third degree Required Signature/Incorporator	e felony as provided for in s.817.15:	false information submitted in a 5, F.S.  Date