## P10000086252

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## **COVER LETTER**

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

SUBJECT: Bright - Options, Inc.									
SUBJECT: Bright - Options, 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status							
FROM: Sherri Linden  Name (Printed or typed)									
9838 Old Baymeadows Road #281Address									
Jacksonville, FL 32256  City, State & Zip									
904-705-7717  Daytime Telephone number									
sherale116@gmail.com E-mail address: (to be used 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)

٠	ARTICLE I The name of the cor	NAME: rporation shall be: Bright-Option	ns, Inc.		
	9!	PRINCIPAL OFFICE Principal street address 838 Old Baymeadows Rd #28 acksonville, FL 32256	1		Mailing address, if different is:
		ARSTINIE, I L JEZJO	- -		
		PURPOSE			10 OCT
		hich the corporation is organized is:			CAN
	•	Marketing for Media Consulta	nts.		20 PH 2:
		SHARES			38
	The number of share	es of stock is: 10,000	1		₹*
		INITIAL OFFICERS AND/OR DIR		1 007.1	
	Name and 1 it Address:	tleSherri Linden 9838 Old Baymeadows RD	Namo Addro	e and Title	Dean Porter 9838 Old Baymeadows Rd #281
	7 tuul coo.	Jacksonville, FL 32256		<b>0</b> 33.	Jacksonville, FL 32256
	Name and Tit	tle:Rebecca McCarty	Name	and Title	Samantha Porter
	Address:	8655 Hunters Creek Drive S			8655 Hunters Creek Drive S.
		Jacksonville, FL 32256			Jacksonville, FL 32256
	Name and Tit	ele:Bichard Linden	Name	e and Title	: Kyle Langfitt
	Address:	8655 Hunters Creek Drive S			8655 Hunters Creek Dr S.
		Jacksonville, FL 32256			Jacksonville, FL 37256
	ARTICLE VI	REGISTERED AGENT			
	The name and Flor	ida street address (P.O. Box NOT acce	ptable) of the regi	stered age	nt is:
	Name:	Sherri Linden			
	Address:	9838 Old Baymeadows Ro Jacksonville, FL 32256	L#281		
	ARTICLE VII	INCORPORATOR			
		ress of the Incorporator is:			
	Name: Address:	Dean Porter			
	Address:	9838 Old Baymeadows Rd Jacksonville, FL 32256	#281		
<	this certificate, I am	familiar with and accept the appointme	nt as registered a	gent and	nted corporation at the place designated in agree to act in this capacity
	Ston	Required Signature/Registered A	erri Lin	den	10/18/2010
	I submit this docun		rein are true. I	am aware	that the false information submitted in a n s.817.155, F.S.
	/				/ /
	<u></u>	Dean Ha	tin		10/18/10
	<del></del>	Required Signature/Incorporat	or		/ Date