

P/5000062900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

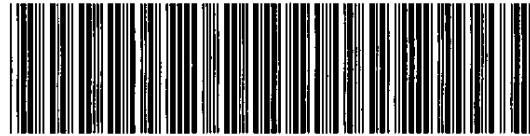
(Business Entity Name)

(Document Number)

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

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06/22/15--01026--002 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATE  
15 JUL 27 AM 9:38

W15-043984

✓ 07/28/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2015

SUSAMAR A. MOREIRA  
21266 SUMMERTRACE CIRCLE  
BOCA RATON, FL 33428

\*\*\* 2ND CORRECTION \*\*\*

SUBJECT: BRIGHT FUTURE HOMESTAY INC.  
Ref. Number: W15000043984

RECEIVED  
15 JUL 27 PM 4:20  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BRIGHT FUTURE HOMESTAY 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):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00013471

## COVER LETTER

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

**SUBJECT:** Bright Future Homestay 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      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Susamar A. Moreira

\_\_\_\_\_  
Name (Printed or typed)

21266 Summertrace Circle

\_\_\_\_\_  
Address

Boca Raton ,FL 33428

\_\_\_\_\_  
City, State & Zip

561 654 6149

\_\_\_\_\_  
Daytime Telephone number

claudionascimento8@yahoo.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)

**ARTICLE I NAME**

The name of the corporation shall be: Bright Future Homestay Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

21266 Summer Trace Circle

Boca Raton FL 33428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

SUPPORT FOR FOREIGN STUDENTS

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: SUSAMAR MOREIRA

Name and Title: PRESIDENT

Address 21266 SUMMERTRACE CIRCLE

Address: \_\_\_\_\_

BOCA RATON FL 33428

Name and Title: CLAUDIO NASCIMENTO

Name and Title: VICE - PRESIDENT

Address 21266 SUMMERTRACE CIRCLE

Address: \_\_\_\_\_

BOCA RATON FL 33428

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: SHEYANNE NASCIMENTO

Address: 21266 SUMMERTRACE CIRCLE

BOCA RATON FL 33428

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SHEYANNE NASCIMENTO

Address: 21266 SUMMERTRACE CIRCLE

BOCA RATON FL 33428

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5/21/15  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

7/21/15  
\_\_\_\_\_  
Date