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**FLORIDA PROFIT/NON PROFIT CORPORATION
BRIGHT QUEST ORIGINALS CORP.**

Certificate of Status	1
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COVER LETTER

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

SUBJECT: BRIGHT QUEST ORIGINALS CORP

(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: ARLENE MOLNAR
Name (Printed or typed)
5528 DUSKYWING DRIVE
Address
VIERA FLORIDA 32955
City, State & Zip
914 772-4064
Daytime Telephone number
ARMOLNAR@AOL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAMEThe name of the corporation shall be: BRIGHT QUEST ORIGINALS CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5528 DUSKYWING DRIVE

Mailing address, if different is:

VIERA FLORIDA 32955**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: BUY AND SELL REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARLENE MOLNAR - PRESIDENTAddress: 5528 DUSKYWING DRIVEVIERA FLORIDA 32955

Name and Title: _____

Address: _____

Name and Title: CHRISTINE URBANAK - SECRETARYAddress: 5528 DUSKYWING DRIVEVIERA FLORIDA 32955

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARLENE MOLNAR
Address: 5528 DUSKYWING DRIVE
VIERA FLORIDA 32955

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CARLA J. VINETTI
Address: 111 WASHINGTON AVE., STE. 703
ALBANY NY 12210

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 days prior or 90 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

Arlene Molnar 06/28/17
Required Signature/Registered Agent 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.

Carla J. Vinetti 06/28/17
Required Signature/Incorporator Date