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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons	÷.,	· · · · · · · · · · · · · · · · · · ·			
SUBJECT: Reach Inc	<b>S</b> .		*			
	Name of corporation	ı - must include suffix				
Dear Sir or Madam:						
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	'Certificate of Good Star	nding" and check are sub				
Please return all corresponden	ce concerning this matte	to the following:				
Christopher Brown						
	Name of	Person				
Reach Inc.			2021   SEC:			
	Firm/Con	npany	MPR 12			
1922 N Locust St.						
	Addr	ess				
Denton, Texas, 76209			2: 06 STATE E. FL			
	City/State a	nd Zip code	<u> </u>			
christopher@brightmosaic.org						
E-n	nail address: (to be used	for future annual report i	notification)			
For further information concer	ning this matter, please o	call:				
Christopher Brown	940 at (	999-4686				
Name of Person	Area Cod	e Daytime Telep	hone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	ORIDA DEPARTMENT	OF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy			

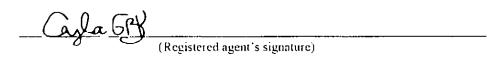
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Reach Inc.						
	(Enter name of o	corporation, must include "INCORPORATED Corp," "Inc." "Co," or "Corp.")	, " · · · ·	COMPANY," "CORPORATION,"			
	Bright Mosaic	Inc.					
	(If name unavail	able in Florida, enter alternate corporate name	ado	pted for the purpose of transacting b	ousiness i	a Floric	la)
2.	Texas	3.	4	73619338			
	1State or country under the law of which it is incorporated)  (FEI number, if ap			(FEI number, if appli	oplicable)		
.;	10/26/2014	5.					
	(Date of incorporation) 5. (Date of duration, if other states of the control of t				than perpetual)		
6. 03/01/2021							
7	1922 N Locust Si	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 t., Denton, Texas, 76209	in F1 502	orida, if prior to registration) , F.S., to determine penalty liability)	25. 23.8	2021	
		(Principal off	lice <u>:</u>	street address)	E MARY (	2021 APR 12	
				ddress, if different)	Y OF ST	2	
8.	Name and <u>stree</u>	et address of Florida registered agent: (P.C	J. 8	lox <u>NOT</u> acceptable)		2: 06	
	Name:	Cayla Kaualoku		_	,.,		
Q <sub>1</sub>	thce Address:	516 Palmetto St.		<del>-</del>			
		New Smyrna Beach		Florida 32168			
		(City)		(Zip code)			

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
	Name:	□Chairman	Name:			
∃Vice Chairman	Address: 317 Water Oak St.	□Vice Chairman	Address:			
Director	Denton, Texas, 76209	□Director				
■President		□President				
□Vice President		□Vice President				
<b>E</b> Secretary	□Treasurer	Secretary		□Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
	Address:	□Vice Chairman				
ZDirector		□Director				
President		□President		202 SE		
⊒Vice President		□Vice President		70 G		
□Secretary	□Treasurer	☐ Secretary		Silvasuren III		
ZOther	Other	□Other		Timer ?		
				90 S		
⊒Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director =		□Director				
□President		□President				
<sup>+</sup> Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
	Other	Other	·	□Other		
individuals may be	ise an attachment to report more than six (6). The attachded to the index when filing your Florida Departments	nt of State Annual Re	port form.			
12	Signature of Director o	or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or slic is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155. F.S.						

Christopher Brown

Corporations Section
 P.O.Box 13697
 Austin, Texas 78711-3697



### Office of the Secretary of State

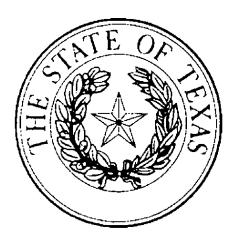
#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for REACH Inc (file number 802089433), a Domestic For-Profit Corporation, was filed in this office on October 26, 2014.

It is further certified that the entity status in Texas is in existence.

TOZI APR 12 PM

In testimony whereof, I have hereunto signed my name officially and caused to be impressed herequithe scal of State at my office in Austin, Texas on February 11, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State