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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future , annual report mailings. Enter only one email address please.**

က် Email Address:_ Ŧ.

2021 FEB 16

Foreign Limited Liability Company Brite Idea Displays LLC

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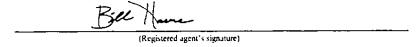
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

iame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited I	iability Company," "	LLC," or "U	ĽC.
Wisconsin		, 82-5488374			
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		mber, if applicable)		_
	(Date first transacted business in Florida, if prior to n	neitte line \			
01 E Mar	(See sections 605,0904 & 605,0905, F.S. to determin	e penalty liability)	· Ni		
915 E Morgan Ave		6. 7901 4th St			_
·	, ,	STE 300			
Milwaukee WI 53207		St. Petersburg FL 33702			
		- -1141-141-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		7/2	•••
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptab		NOT acceptable)		73 53	
Name:	Registered Agents	s Inc.	•	9	
Office Address:	7901 4th St N ST	E 300		Э. Ф	
Office Funites.	St. Petersburg	. Florida 337	02	12	
	(City)	, Florida(Zip c			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Paul Engelberger Manager Manager Manager Name: Address: 915 E Morgan Ave Address: ✓ Member Member Milwaukee, WI 53207 Authorized Authorized Person Person Other____ Other_____ Other_____ Other___ Name: _____ Manager | Manager Name: Address: Member Member Address: Authorized Authorized Person Person Other Other Other____ Other____ Manager | Name: _____ Manager Name: Address: Member Address: Member Authorized Authorized Person Person Other____ Other Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Riley Park____

Typed or printed name of signee

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Patti Epstein, Administrator of the Division of Corporate and Consumer Services. Department of Financial Institutions, do hereby certify that

BRITE IDEA DISPLAYS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 09, 2018.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 12, 2021.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 288731-91817CB6