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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (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.\*\*

Email Address:

Foreign Limited Liability Company
Brite Idea Displays LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (04), and Estimated Charge (\$125.00).

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

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

1. Brite Idea Displays LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wisconsin  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5488374  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 915 E Morgan Ave  
(Street Address of Principal Office)

6. 7901 4th St N  
(Mailing Address)

Milwaukee WI 53207

STE 300  
St. Petersburg FL 33702

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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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.

Bell Hume

(Registered agent's signature)

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:  
 Manager      Name: Paul Engelberger  
 Member        Address: 915 E Morgan Ave  
 Authorized    Milwaukee, WI 53207  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member        Address: \_\_\_\_\_  
 Authorized    \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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  
Signature of an authorized person

Riley Park  
Typed or printed name of signer

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.



A handwritten signature in black ink that reads "Patti Epstein".

PATTI EPSTEIN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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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