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(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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15 DEC 22 AM 10: 59

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K. SALY EXAMINER

DEC 28 2015

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 921321 7710810

AUTHORIZATION

COST LIMIT : (87.50

ORDER DATE: December 21, 2015

ORDER TIME : 3:56 PM

ORDER NO. : 921321-005

CUSTOMER NO: 7710810

FOREIGN FILINGS

NAME: BRIGHTIDEA, INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

__ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

í



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2015

CSC / MELISSA ZENDER

SUBJECT: BRIGHTIDEA, INCORPORATED

Ref. Number: W15000081994

Please give original please give as file date.

15 DEC 23 PM 4: 26

We have received your document for BRIGHTIDEA, INCORPORATED and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L14000011804 "BRIGHT IDEAS, LLC".

Please return 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 815A00026821

COVER LETTER

_	gistration Ser vision of Cor						
SUBJECT	Brightide	a, Incorporated					
SOBJECT		Name	of corporation	ı - must	include suffix		
Dear Sir or	Madam:						
"Certificate	of Existence	ion by Foreign Co e," or "Certificate n corporation to t	of Good Star	nding" a	und check are sub	ct Business in Flori omitted to register th	da," ne
Please retur	n all corresp	ondence concern	ing this matte	r to the	following:		
			Name of	Person	· · · · · · · · · · · · · · · · · · ·		
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	ş — ş ş — 11 ş ² - (<u>ş) — 3 — 3</u>		Addr	ess			
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For further i	information (concerning this m	atter, please o	call:			
			at ()			
Na	me of Persor	1	at (Area Cod	e	Daytime Telep	hone Number	
Reg Div Clif 266 Tall	istration Sectision of Corpiton Building I Executive ahassee, FL	corations Center Circle 32301			MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclosed is	a check for t	he following amo	ount:				
□ \$70.00 F	iling Fee	Certificate of			5 Filing Fee & ied Copy	\$87.50 Filing Certificate of Certified Cop	Status &

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. (Enter name of co	porated rporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	огр," "Inc," "Co," or "Corp.")		
BIFL, inc.			
(If name unavailal	ble in Florida, enter alternate corporate name	dopted for the purpose of transacting business in Flor	ida)
Delaware 2.	3	22-3677723	
(State or country 09/09/1999	under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	5. of incorporation)	(Date of duration, if other than perpetual)	
6.			
U,	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
255 California Str	eet, Suite 1100, San Francisco, CA, 94111		
7	(Princip	al office address)	70
			150
	(Current mailir	g address, if different)	7015 DEC 22
		S	22
8. Name and street	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Corporation Service Company		' بي ي
Office Address:	1201 Hays Street		FF 9: 46
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
O Desistand age			
9. Registered age Having been name		ce of process for the above stated corporation a	t the place
		nent as registered agent and agree to act in this elative to the proper and complete performance	
	imply with the provisions of all statutes t amiliar with and accept the obligations of		oj my
Co	orporation Service Company		
<u>By</u>	<u> </u>	gent's signature)	

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.

11. Names and business addresses of officers and/or directors:	2015 DEC
A. DIRECTORS	2015.00-
Chairman: Matthew Greeley	OCC 55 WM 2
255 California Street, Ste 1100, San Francisco, CA, 94111 Address:	TALLAHASSEE FI DELL
	C.FLORIDA
Vice Chairman: Vincent Carbone	
Address: 1040 Avenue of the Americas, Ste 18A, New York, NY, 10018	
Director	
Director;	
Address:	
Director:	
Address:	
1	
B. OFFICERS Matthew Greeley	
President: 255 California Street, Ste 1100, San Francisco, CA, 94111	
Address:	
Vice President: Vincent Carbone	
1040 Avenue of the Americas, Ste 18A, New York, NY, 10018 Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	
13. Vincent Carbone - COO	, , , , , , , , , , , , , , , , , , ,
(Typed or printed name and capacity of person signing applicat	ion)

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRIGHTIDEA INCORPORATED" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF DECEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTIDEA ...
INCORPORATED" WAS INCORPORATED ON THE NINTH DAY OF SEPTEMBER, A.D.
1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2015 DEC 22 AM 9: 46

Authentication: 10662007

Date: 12-21-15

3093750 8300 SR# 20151471559