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PICK-UP	WAIT MAIL					
(Business Entity Name)						
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Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STA EIGN CORPORATION TO TRANSACT BE		
1. Briant (Enter name of co	LED Incorporated incorporation; must include "INCORPORATED,"	(DBA: Broynt Ideal "COMPANY," "COMPORATION,"	LED)
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	,	
	gut Ideal CD - 15		
	ble in Florida, enter alternate corporate name ac	• • • • •	•
2. New Jo	y under the law of which it is incorporated)	(FEI number if annlicable	<u> </u>
(Date	of incorporation) 5.	(Date of duration, if other than pe	rpetual)
6.			
	(Date first transacted business in S (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
7. 8802 Co	rporate Square Court, Ur	ni+#401, Jacksonille	c,FL32216
	eadrive, Billing I Su' (Current mailing		
	(Current mailing	address, if different)	
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	≥後 あ
Name:	Paul Wexler		5 AUG
Office Address:	8803 Corporate quare ct	-Uni+401	- 19 E
	Deksonille (City)	, Florida <u>32216</u>	元 19 19 19
	(City)	(Zip code)	F: 0 STATI
9. Registered age			»E
designated in this	ed as registered agent and to accept servic application, I hereby accept the appointm	ent as registered agent and agree to a	ct in this capacity. I
further agree to co duties, and I am fo	emply with the provisions of all statutes re amiliar with and accept the obligations of	lative to the proper and complete perj my position as registered agent.	Formance of my
(Par (1/1)/18		
+	(Registered ag	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: A. DIRECTORS Chairman: PaulW-xler Address: 1000 Delsea Drive Building I Suite 2 Westville, NJ 08093 Vice Chairman: Gary Schenkel Address: 1000 Delsa Dile Building I Suite Z WESTUILL NJ GBG93 Director: Address: Director: Address: **B. OFFICERS** President: Paul Wexler Address: 1000 Delses Drive, Building I Suite 2 Westville, NJ 08093 Vice President: Address: Secretary: _ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director 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 she is aware that 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. 13. Paul Wexler PresiCEO (Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

BRIGHT LED INCORPORATED 0400712438

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 02, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CHRIS ANATASIA 20 N. HAVILAND AVE AUDUBON, NJ 08106



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of August, 2016

Spel M Gulder

Ford M. Scudder Acting State Treasurer SECRETARY OF STATE

Certificate Number: 6073660008

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$