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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: mina@skylight.digital

DEC - I PH I:

FOREIGN PROFIT/NONPROFIT CORPORATION Skylight Inc.

Certificate of Status	0
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Division of Corporations

November 19, 2020

BUSINESS FILINGS

SUBJECT: SKYLIGHT INC.

REF: W20000133324

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 620A00023388

FAX Aud. #: H20000380266

Fax Audit # H200003802663

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH NECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Skylight Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")

[If name mavaila	ble in Florida, enter alternate corporate name	e add	opted for the purpose of transacting	business in Florida)
Delaware		3	81-3585537	
(State or country	under the law of which it is incorporated)		(FEI mumber, if appl	icable)
8/15/2016	5	<u>.</u>	Perpetual	
(Date	of incorporation)	_	(Date of duration, if other th	an perpetual)
06/27/2017				
1226 N. T.		1502	2, F.S., to determine penalty liability)
1226 N. Tan	niami Trail Suite 201-13. Sarasota.			
	(Pine	apal	office address)	
	(Current mail	Jins .	address, if different)	SECRETA TALLARIA
Name and street	address of Florida registered agent: (P	².Ö.	Box NOT acceptable)	
Name:	Business Filings Incorporated			
ffice Address:	1200 South Pine Island Road			

9. Registered agent's acceptance:

Plantation

(City)

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.

_ , Florida <u>33324</u> (Zip code)

Mark Williams, AVP, Business Filings Incorporated

(Registered agent'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.

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2020-12-01 12:30:28 CST

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chainnan:	
Address:	
Vice Chairman:	
Address:	
Director: Chris Cairns	
Address: 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236	
Shashank Khandelwal	
Director: Address: 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236	
President: Chris Caims Address: 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236	
Vice President:Address:	
Secretary: Mina Cairns	 -,
Address: 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236	148
Treasurer: Chris Cairns	
Address: 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	rs.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts started true and that he or she is aware that false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155. F.S.	ed herein constitutes
Chris Cairns, President	
(Typed or printed name and capacity of person signing application)	

To: 18506176383 * Page, 7 of 7 2020-12-01 12:30:28 CST 16082993912 From: Alexis Gregor

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Attachment to the Application for Authorization to Transact Business in Florida For Skylight Inc.

11A: Additional Director Information:

Phoebe Espiritu, 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236 Jay Finch, 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236 Sherika Ekpo, 1226 N. Tamiami Trail Suite 201-13, Sarasota, Florida 34236



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKYLIGHT INC." 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 204180387

Date: 11-30-20