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COVER LETTER

•	ration Section on of Corporations			
SUBJECT:	Dark Light Consulti	ing LLC		
Sebucer.	Na	me of corporation - n	nust include suffix	.
Dear Sir or Ma	dam:			
"Certificate of	Application by Foreign Existence," or "Certificated foreign corporation	cate of Good Standin	g" and check are sub	ct Business in Florida," mitted to register the
Please return a	Il correspondence conc	erning this matter to	the following:	
	Julie Hough			
		Name of Per	son	
	Lightfeather Lav	w, PLLC		
		Firm/Compar	ny	
	1126 S. Federal	Highway, Suite 621		
		Address		
	Fort Lauderdale	, FL 33316		
		City/State and	Zip code	
	julie@lightfeat	herlaw.com		
	E-mail add	lress: (to be used for	future annual report n	notification)
For further info	ormation concerning th	is matter, please call:		
Julie Hough	1	at (954)	489-8448	
Name	of Person	Area Code	Daytime Telepl	hone Number
Registi Divisio The Co 2415 N	ET/COURIER ADDR ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6322 Tallahassee, F	ection orporations 7
	heck for the following ck payable to: FLORIDA	A DEPARTMENT OF	STATE 78.75 Filing Fee &	□ \$87.50 Filing Fee.
स्य क्रिए.एए FIIII	~	•	ertified Copy	Certificate of 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.

Washington (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1511 3rd Avenue, Suite 700, Seattle, WA, 98101-1641 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lightfeather Law, PLLC 1126 S. Federal Highway, Suite 621 Fort Lauderdale (City) Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capitation of all statutes relative to the proper and complete performance of	Dark Light Cor		"COMDANIV" "	CODDOD ATION	
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(Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) April 1. 2022 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1511 3rd Avenue, Suite 700, Seattle, WA, 98101-1641 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lightfeather Law, PLLC 1126 S. Federal Highway, Suite 621 Fort Lauderdale (City) Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this cut ther agree to comply with the provisions of all statutes relative to the proper and complete performance and all am familiar with and accept the obligations of my position as registered agent.	Washington	3	3 26—2975610		
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To the Live of the control of the co		/s/ Julie Elizaheth Hough			
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Name: Jill Cody Chairman □Chairman Name: ______ 1511 3rd Ave., Suite 700 ☐ Vice Chairman Address: ☐ Vice Chairman Address: _____ Seattle, WA 98101-1641 □ Director □ Director President □President □ Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer NOther Member □Other ______ □Other _____ □Other _____ □ Chairman Name: □ Chairman Name: ☐ Vice Chairman □ Vice Chairman Address: Address: □ Director □ Director President □President ☐ Vice President □ Vice President _____ Treasurer □ Secretary □Treasurer ☐ Secretary □Other_____ □Other _____ ☐Other _____ □Other _____ □ Chairman Name: _____ ☐ Chairman Name: _____ □ Vice Chairman Address: _____ □Vice Chairman Address: Director □ Director □President □ President □Vice President □ Vice President □Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other _____ □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. 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. Jill Cody

13. _



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

()F

DARK LIGHT CONSULTING LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/07/2008.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/24/2022 UBI Number: 602 845 783

STATE OF STA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

te R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 03/24/2022