

F24000002850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

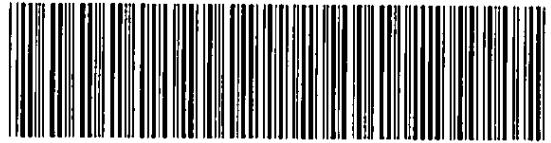
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 30 AM 10:20

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2024 MAY 30 PM 3:15
RECEIVED
TALLAHASSEE, FLORIDA

MAY 31 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 05/30/24
Order #: 1518583-1
Re: Ironlight Group Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation
AUTH

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ironlight Group Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rosalie Vazquez-Burgos

Name of Person

Latham & Watkins LLP

Firm/Company

200 Clarendon Street

Address

Boston, MA 02116

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee.

**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. Ironlight Group Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 12, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 57 Vernon Parkway, Mount Vernon, NY 10552
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2024-11-30 AM 10:30

9. Registered agent's acceptance:

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.

Corporation Service Company

By: _____

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Matthew Celebuski
☐ Vice Chairman Address: 57 Vernon Parkway
☒ Director Mount Vernon, NY 10552
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
Chief Operating
☒ Other Officer _____ ☐ Other _____

☐ Chairman Name: Karen Maese
☐ Vice Chairman Address: 57 Vernon Parkway
☐ Director Mount Vernon, NY 10552
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
Head of
☒ Other Administration _____ ☐ Other _____

☐ Chairman Name: Tricia Lynn Downs
☐ Vice Chairman Address: 57 Vernon Parkway
☐ Director Mount Vernon, NY 10552
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
Chief Revenue
☒ Other Officer _____ ☐ Other _____

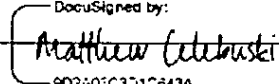
☐ Chairman Name: Robert E. McGrath
☐ Vice Chairman Address: 57 Vernon Parkway
☒ Director Mount Vernon, NY 10552
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
Chief Executive
☒ Other Officer _____ ☐ Other _____

☐ Chairman Name: Jake Moilanen
☐ Vice Chairman Address: 57 Vernon Parkway
☐ Director Mount Vernon, NY 10552
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
Chief Technology
☒ Other Officer _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____

☐ 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.

12.  Signature of Director or Officer
902A03C321C643A...

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. Matthew Celebuski, Chief Operating Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IRONLIGHT GROUP 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 TWENTY-SECOND DAY OF MAY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRONLIGHT GROUP INC." WAS INCORPORATED ON THE TWELFTH DAY OF AUGUST, A.D. 2022.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6918745 8300

SR# 20242368139

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203537394

Date: 05-22-24