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Account#: I20000000088

Date: 5/24/2	2018		Account#. 120000000000
Name: Merritt	Knickle		
Reference #:	M100881		
Entity Name:		HT BEAM LLC	_
✓ Articles of Incorpo	oration/Authori	zation to Transact Busine	ss
Amendment			
Change of Agent			
Reinstatement			
Conversion			
Merger Merger			
☐ Dissolution/Withd	Irawal		
☐ Fictitous Name			
Other			
	et voe		
Authorized Amount: _ Signature:	\$125 MANY		

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	ULTRALIGHT						_
(Name of Foreign I	amited Liability Company, must include "Limite	ed Liability Co	mpany," "L.L.C.," or "L	î.C.")			
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	orida The alternat	te name must include "Limite	rd Liability Con	npany," "L.I. (7," or "[.]	C.")
2.	DE	3.					
(furisdiction under the law of wh	(furisdiction under the law of which foreign limited liability company is organized)		(E):	l number, it app	licable)		_
4	(Date first transacted business in Florida, if prior to		· · · · · · · · · · · · · · · · · · ·				
	(See sections 605 0904 & 605 0905, F.S. to determ	me beauty, papin	ty)				
5 2051 SE 35th Street			31 WEST 27T	*	FLOOR		_
(Street Address of Principal Office) Fort Lauderdale, FL 33316			(Mailing Address) NEW YORK, NEW YORK 10001				
Fort Cauder	dale, FL 33316		NEW TORK,	NEW TORI	-		-
						187	_
					· · ·		المجاهدي
Name and <u>street address</u>	s of Florida registered agent: (P.O. Box	c <u>NOT</u> acce	ptable)				· paracia.
Name:	Name: COGENCY GLOBAL IN					⊉_ (~0	1
Office Address:	115 North Calhoun Street	. Suite 4			****	X	
Office Address.			_		$=$ $\mathbb{P}_{\mathcal{U}_i}$	ب	· core
	Tallahassee		, Florida32	2301	5. 1-	(.)	• •
Registered agent's accept	(Cuy)		Ø	ip code)	<u> </u>		
	city and address of the person(s) who h	as/have auth		BAL INC.	•	OI	
Title or Capacity:	Name and Address:	<u>Title o</u>	or Capacity:	<u>Nar</u>	ne and A	ddress	<u>:</u>
MANAGER	INMAN YOUNG	_	SIGNER		JACOB JAFFKE		
	31 WEST 27TH ST, 11TH FLOOR	_				35th Street	
	NEW YORK, NEW YORK 10001	_			Fort Lauderda	4. FLORID	4 33316
SIGNER	JEAN IGOE						
	31 WEST 27TH ST, 11TH PLOOR		· 				
	NEW YORK, NEW YORK 10001	-		_	-		
(Use attachments if necess	sary)						
jurisdiction under the law of the translator must be su 10. This document is execu	of existence, no more than 90 days old, of which it is organized. (If the certifical ibmitted) ted in accordance with section 605.020 the Department of State constitutes a the	te is in a fore	eign language, a trai	nslation of aware that a	the certificany false i	cate un	der oath
	A	<u>U</u>					
	Signau	ct in authorized	person				
		n Young					
	mma	in i voily					

Lyped or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ULTRALIGHT BEAM LLC" IS DULY FORMED

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

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTRALIGHT BEAM LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6881060 8300 SR# 20184316846 Authentication: 202762598

Date: 05-24-18