M16000005594

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2018

CARMEN WALLACE 5090 PGA BVLD SUITE 316 PALM BEACH GARDENS, FL 33418

SUBJECT: EVERBRIGHT DIRECT LLC

Ref. Number: W18000052427

We have received your document for EVERBRIGHT DIRECT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 718A00011664

CHIVELA RIG AMIO: 56

COVER LETTER

| TO: | Registration Section Division of Corporation | s | | |
|------------------|--|--|--|--|
| SUBJ | ECT: EVECB | right Direct Name of | LLC Limited Liability Comp | pany |
| The er Existe | nclosed "Application by For nce, and check are submitte | eign Limited Liability Comp d to register the above refer | oany for Authorization enced foreign limited li | to Transact Business in Florida," Certificate of ability company to transact business in Florida. |
| Please | return all correspondence c | oncerning this matter to the | following: | |
| | Carm | en Wallace | ame of Person | <u>.</u> |
| | Learn | Jur History | rm/Company | |
| | <u> 5090</u> | PEA Blue | Scite 3 | 1 φ |
| | Palm | Beach Gar City/S | dens, FL. | 33418 |
| | Carn | E-mail address: (to be used | our Ki、Stori I for future annual repo | n notification) |
| For fu | rther information concerning | g this matter, please call: | | |
| | | JON (4 Ce f Contact Person | at (| 3) 1 3 3 3 3 Daytime Telephone Number |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Div Reg Clif 266 | REET ADDRESS: distion of Corporations distration Section don Building 1 Executive Center Circle lahassee, FL 32301 |
| Enclo | sed is a check for the follow ☐ \$125.00 Filing Fee | ing amount: \$\int \\$\\$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fe Certified Copy | e & \$\Bigsiz\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") 2 ver Bright Media (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "L.L.C.") Which foreign limited liability company is organized) Date first transacted business in Florida, if prior to registration.) See sections 605 0904 & 605 0905, F.S. to determine penalty liability. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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. ignature of an authorized person



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

DELAWARE, DO HEREBY CERTIFY "EVERBRIGHT DIRECT 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 SIXTH DAY OF JUNE, A.D. 2018.



Authentication: 202836373

Date: 06-06-18