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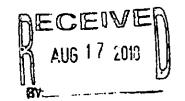
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SUBJECT:	dLite, LLC					
•		Name of	Limited Liability (Company		
					insact Business in Florida," Certif y company to transact business in	
Please return a	all correspondence c	oncerning this matter to th	e following:			
	Richard A. Latt	a, Esq.				
		· ·	Vanie of Person			
	Stafford Rosent	oaum LLP				
	·—	ſ	Firm/Company			
	222 West Wash	ington Avenue, Suite 900,	P.O. Box 1784			
			Address			
	Madison, WI 5	3701-1784				
		Čity/	State and Zip Code			
	rlatta@staffordla					
		E-mail address: (to be us	ed for future annual	report no	tification)	
For further inf	formation concerning	this matter, please call:				
Rich	ard A. Latte		60S at (259-26	=	
*	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 chassee, FL 32314			Division Registrat Clifton B 2661 Ext	F ADDRESS: of Corporations ion Section building ecutive Center Circle sec, FL 32301	
	check for the follow 25.00 Filing Fee	ing amount: \$\Boxed{\Omega}\$\$ \$\\$130.00 \text{ Filing Fee & } \$\\$Certificate of Status.	S155.00 Filin	_	☐ \$160.00 Filing Fee, Certification Status & Certified Conv	ite





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2018

RICHARD A. LATTA, ESQ. STAFFORD ROSENBAUM LLP 222 WEST WASHINGTON AVE SUITE 900 MADISON, WI 53701-0784

SUBJECT: DLITE, LLC

Ref. Number: W18000072957

We have received your document for DLITE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

で同盟

Letter Number: 418A00016650

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

IN COMPUNICE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED L'ABILITY COMPUNY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Haune conventable, enter alternate in	ome adopted for the purpose of transacting business in Ula					.")
2. Delaware		3.	83-148857.	2		
रामधन्त्रमध्यामधान्यस्य क्षेत्र जन्म	ich föreign famited hability company is organized)		ृष्या भाषात	or, ii opjikic e tile)	}	
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	(Dote first transacted liftimers in Plorida, (Cunor to (See agethus 605,0903 & 605,0905, F.S. to determ	aic beautily pr	obshity)			
5 E7445 Fairway Court		6	(Mailing Add:			~2
Reedsburg, Wt 53959			(menting 7 mass	***	38	=
		•				2018 AUG 23 PM 12: 2!
					75	G)
7. Name and street addres	is of Florida registered agent: (P.O. Box	NOT ac	coeptable)		SSI	Ü
\ <u>\</u>	CT Corporation System				E.O.	79
Name:					ور ای کشی	<u> </u>
Office Address:	1200 South Pine Island Road, Stc. 250) 			35	,,,
	Pluntation		, Florida 33324		5.	' 'ဟ
			(Zip vod			
Having been named as re	gistered agent and to accept service of tion, I hereby accept the appointment of our of all statutes relative to the proper s of my position as registered agent.	is devistdi	or the above stated limited red agent and agree to act applete performance of my	Hability co In this cape duties, and	acity. I furth I am familia Smi th	er agree r with
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DLITE, 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 SEVENTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203206294

Date: 08-07-18