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DEC CAMES. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 514600 6729

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: December 5, 2018

ORDER TIME : 12:43 PM

ORDER NO. : 514600-005

CUSTOMER NO: 6729A

FOREIGN FILINGS

NAME: RELISH LABS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPITANCE 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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business	n Florida. The alternate nar	ne must include "Limited Light	Sky Company," "L.L.C," or "LLC.")
2. Delaware		3. 46-30	043362	
	rhich foreign limited liability company is organized)		(FEI numbe	r, if applicable)
4.				
· ——	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.)		<u>-</u>
400 N. Michigan Ave			/ine Street	~ 3
(Street Address of Principal Office)		6. <u>1871</u>	(Mailing Addre	<u>") </u>
Chicago, IL 60611		Cincin	nati, OH 45202	<u> </u>
		- 1		
				手がら
 Name and <u>street addre</u> 	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptab	ole)	HASSEE
Nапъс;	Corporation Service Company			M 9: 41 SSEE, FL
0.00	1201 Hays Street			T 5
Office Address:	1201 Hays Siteet			一一
	Tallahassee		Florida 32301	
Registered agent's accep	(City)		(Zip code)	
- 5	s of my position as registered agent.			Roxanne Turner
	Corporation Service Company By:	Dun	U	Roxanne Turner Asst. Vice President
		ni's signature)	u	
8. The name, title or cap:	Corporation Service Company By: (Registered age acity and address of the person(s) who	has/have authority	_	
	Corporation Service Company By: (Registered age	-	_	
8. The name, title or cap:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley	has/have authority	_	Asst. Vice President
8. The name, title or caps Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street	has/have authority	_	Asst. Vice President
8. The name, title or caps Title or Capacity:	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley	has/have authority	_	Asst. Vice President
8. The name, title or caps <u>Title or Capacity:</u>	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street	has/have authority	_	Asst. Vice President
8. The name, title or caps <u>Title or Capacity:</u>	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street	has/have authority	_	Asst. Vice President
8. The name, title or caps Title or Capacity: Manager	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202	has/have authority	_	Asst. Vice President
8. The name, title or caps Title or Capacity: Manager	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202	has/have authority	_	Asst. Vice President
8. The name, title or caps Title or Capacity: Manager (Use attachments if neces	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202	has/have authority Title or C	apacity:	Asst. Vice President Name and Address:
8. The name, title or caps Title or Capacity: Manager (Use attachments if neces) O. Attached is a certificate urisdiction under the law	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202 sary) of existence, no more than 90 days of which it is organized. (If the certification of the company of the certification of the c	has/have authority Title or C	apacity:	Name and Address:
8. The name, title or caps Title or Capacity: Manager (Use attachments if neces) Attached is a certificate urisdiction under the law of the translator must be so	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202 sary) of existence, no more than 90 days of which it is organized. (If the certific obmitted)	has/have authority Title or C	ed by the official hav	Name and Address:
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces 1. Attached is a certificate urisdiction under the law of the translator must be so 0. This document is exec	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202 sary) of existence, no more than 90 days of which it is organized. (If the certification of the company of the certification of the c	td, duly authenticat cate is in a foreign	ed by the official hav language, a translatio	Name and Address: In a custody of records in the mof the certificate under oath that any false information
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be successive.	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnatil. OH 45202 sary) of existence, no more than 90 days of which it is organized. (If the certific obmitted) uted in accordance with section 605.0	td, duly authenticat cate is in a foreign	ed by the official hav language, a translatio	Name and Address: In a custody of records in the mof the certificate under oath that any false information
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be successive.	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202 ssary) of existence, no more than 90 days of which it is organized. (If the certificity of which it is organized of the Department of State constitutes a	td, duly authenticat cate is in a foreign	ed by the official hav language, a translation Statutes. I am aware y as provided for in s.	Name and Address: In a custody of records in the mof the certificate under oath that any false information
8. The name, title or cap: Title or Capacity: Manager (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be successive.	Corporation Service Company By: (Registered age acity and address of the person(s) who Name and Address: Christine S. Wheatley 1014 Vine Street Cincinnati. OH 45202 ssary) of existence, no more than 90 days of which it is organized. (If the certificity of which it is organized of the Department of State constitutes a	td, duly authenticate cate is in a foreign 203 (1) (b), Florida third degree felony	ed by the official hav language, a translation Statutes. I am aware y as provided for in s.	Name and Address: In a custody of records in the mof the certificate under oath that any false information

Typed 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 "RELISH LABS 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELISH LABS LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 204010630

Date: 12-03-18

6156277 8300 SR# 20187926830

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

THE THIRD DAY OF DECEMBER, A.D. 2018.