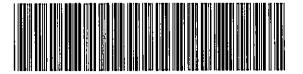
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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2020 JAN 28 AH 10: 35

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5134/20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 154081 7977928

AUTHORIZATION : The Belle Ball

COST LIMIT : \$ 125.00

ORDER DATE: January 27, 2020

ORDER TIME : 11:32 AM

ORDER NO. : 154081-005

CUSTOMER NO: 7977928

FOREIGN FILINGS

NAME: SOFT-LITE L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

7070 JEH 28 AH 10: 35

COVER LETTER

TO:	Registration Section Division of Corporations	3				
SUBJE	Soft-Lite L.L.C.					
		Name	of Limited Liability	Сотрапу	-	
				ation to Transact Business in Florida, ited liability company to transact business		
Please	return all correspondence co	oncerning this matter to t	he following:			
	Christina Weido					
	Name of Person					
	Soft-Lite LLC					
	Firm/Company					
	10250 Philipp Parkway					
	Address				•	
	Streetboro, Ohio 44241					
	City/State and Zip Code				,	
	cweido@soft-lite.	com				
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning	this matter, please call:				
	Christina Weido		330 at (528-1196	2(
	Name of	Contact Person	Area Code	Daytime Telephone Number	2020 J/!: 28	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ή. (1)
	Enclosed is a check for the Please make check payable \$125.00 Filing Fee		e & 🔲 \$ 155.00	TE O Filing Fee & S160.00 Filing fied Copy of Status & Cer	-	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Soft-Lite L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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 "LLC.") 34-1830274 DE (FEI number, if applicable) (Jurisdiction under the law of 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) 10250 Philipp Parkway 10250 Philipp Parkway (Mailing Address) (Street Address of Principal Office) Streetsboro, Ohio 44241-4765 Streetsboro, Ohio 44241-4765 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee

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.

Corporation Service Company

(Registered agent's signature)

Kadesha Roberson
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Jamie DiFranco Name: Scott Lassonde × Manager Address: _____ 10250 Philipp Parkway Address: Member Member Streetsboro, Ohio 44241-4765 Streetsboro, Ohio 44241-4765 Authorized Authorized Person Person Other____ Other____ Other Other Christina Weido ✓ Manager Manager 10250 Philipp Parkway Address: Member Member Streetsboro, Ohio 44241-4765 Authorized Authorized Person Person Sr. Accountant Other Other_ Other Manager Manager Name: _ Address: Member Member Authorized Authorized Person Person Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Signature of an authorized person Jamie DiFranco

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SOFT-LITE L.L.C." 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-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOFT-LITE L.L.C." WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 1996.

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

2020 JAH 28 AH 10: 35



Authentication: 202268285

Date: 01-27-20

2612504 8300 SR# 20200587725