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Date:	12/22/2020	
	Chris Vick	
Reference #:	4200040	
Entity Name:	BRIGHTNI	GHT HOLDINGS, LLC
	es of Incorporation/Authorizat	
Amen	dment	
Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	ution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount \$125.00	

SUBJE	BrightNigh	t Holdings, LL0	
		Limited Liability Comp	any
	closed "Application by Foreign Limited Liability Compete, and check are submitted to register the above refer		
Please	return all correspondence concerning this matter to the	following:	
	Gir	na Brogan	
	N	ame of Person	
	BrightNig	ht Holdings, Ll	_C
	F	irm/Company	
	13123 E Emerald	Coast Pkwy S	Ste B #513
		Address	
	Inlet Beac	ch, Florida 324	61
	City/S	State and Zip Code	
		ntnightenergy.c	
	E-mail address: (to be use	d for future annual repo	rt notification)
For fur	ther information concerning this matter, please call:		
	Gina Brogan	_ at (908)	963-4862
	Name of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Div Reg Clif 266	REET ADDRESS: ision of Corporations istration Section ion Building I Executive Center Circle ahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIAB ZWO ZO GRUNNIN GREZZEDI RIMIROR INTITUL CETTE OF FIZIODINI

. Name of Fi	BrightNight oreign Limited Liability Company; must include "I	Holdings, LLC	11C")
(Maine W. F.	oreign million manuary company, music mendare is	Samuel Marin, Company, Michael, V.	
finame unavailable, enter alte	ernate name adopted for the purpose of transacting business	s in Florida. The alternate name must include "Litr	nited Liability Company," "L.L.C." or "LLC.")
	Delaware	3. 83-3	3616114
(Jurisdiction under the la	w of which foreign limited liability company is organized)		El number, if applicable)
	12/22/20	20	
·	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	rior to registration.) determine penalty liability)	
	ald Coast Pkwy Ste B #513		Coast Pkwy Ste B #513
(Street Addr	ess of Principal Office)	···	ling Address)
(thatte ridge)	ess di Francipai (virge)	(Mati	ing /sources/
	ch, Florida 32461		n, Florida 32461,
			•
			n, Florida 32461
Inlet Bead	ch, Florida 32461	Inlet Beach	, Florida 32461
Inlet Bead		Inlet Beach	, Florida 32461
Name and street as	ch, Florida 32461	Inlet Beach Box NOT acceptable)	n, Florida 32461
Inlet Bead	ch, Florida 32461	Inlet Beach Box NOT acceptable)	7. Florida 32461
Name and street as	ch, Florida 32461	Inlet Beach Box NOT acceptable) BAL INC.	7, Florida 32461
Name and street as	ch, Florida 32461 ddress of Florida registered agent: (P.O. COGENCY GLO ess: 115 North Calhoun	Inlet Beach Box NOT acceptable) BAL INC.	7, Florida 32461

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 ag to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit. and accept the obligations of my position as registered agent.

> Maria Bautista, **Assistant Secretary** (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: ___ Martin Hermann Manager Name: 13123 E Emerald Coast Pkwy Ste B #513 **⋉**Member Member Address: Inlet Beach, Florida 32461, Authorized Authorized Person Person Other____ Other___ Other____ Other ☐Manager Name: Manager Member Member Address: _____ Address: Authorized Authorized Person Person Other___ Other____ Other Other Manager Manager Name: Name: Address: _____ Member Member Address: Authorized Authorized Person Person Other____ Other 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 or 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. mann (Dec 22, 2020 12:36 CST) Signature of an authorized person Martin Hermann

Esped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "BRIGHTNIGHT HOLDINGS, 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-SECOND DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTNIGHT HOLDINGS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2019.

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

Authentication: 204393720

Date: 12-22-20