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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Relight LLC	
		e of Limited Liability Company
The enclosed Existence, an	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter t	to the following:
	William J Morain	
		Name of Person
	Morain Bakarich, CPAs	
	 .	Firm/Company
	2801 Youngfield Street, Suite 370	
	Address	
	Golden, CO, 80401	
		ity/State and Zip Code
	wmorain@morainco.com	
	E-mail address: (to be	e used for future annual report notification)
For further in	nformation concerning this matter, please ca	II:
Wi	Iliam J Morain	720 499-0022
	Name of Contact Person	at ()
Re	iling Address: gistration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee	e & 🖂 \$155,00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate

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 HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF I-LORIDA:

		86-1286432	
isdiction under the law of	which foreign limited liability company is organized)	3. (FEI number, if applicable)	
<u> </u>			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) : penalty frability)	
76 S. Linden Ct		1976 S. Linden Ct	
ddress of Principal Office)		6(Mailing Address)	
nver, CO 80224		Denver, CO 80224	
	ss of Florida registered agent: (P.O. Box 1) Isaac R. Camargo, JR.	NOT acceptable)	JSS VR.
Name:		· · · · · · · · · · · · · · · · · · ·	
	4530-15 St. Johns Ave. #250		B. 25.
Office Address:			
Office Address:	Jacksonville	32210 Florida	÷‡′ ;

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:	Title or Capacit	<u> </u>	Name an	d Addres	<u> 8:</u>	
■Manager	Name:	□Manager	Name:				_
■Member	Address: 1976 S. Linden Ct	□Member	Address:				_
■ Authorized	Denver, CO 80224	□Authorized		<u>-</u> -			_
Person		Person					_
□Other	□Other	Other		□Other_			
□Manager	Name:	□Manager	Name:				_
□Member	Address:	□Member	Address:				_
□Authorized		□Authorized		<u> </u>	· - :::	2021	_
Person Other	Other	Person		□Other_	<u> </u>	AUG 23	- ;
□Manager	Name:	□Manager			<u>्</u> वित	PM 4: 09	[]
□Member	Address:	□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. Non-indexed 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.

3arut H		
	Signature of an authorized person	
Barak Hamdani		
	Typed or printed name of signee	

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Relight LLC

is a

Limited Liability Company

formed or registered on 01/06/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211019168.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/27/2021 that have been posted, and by documents delivered to this office electronically through 07/28/2021 @ 12:06:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/28/2021 @ 12:06:57 in accordance with applicable law. This certificate is assigned Confirmation Number 13331231



Secretary of State of the State of Colorado

********************End of Certificate***********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trudemarks, trade names" and select "Frequently Asked Questions"



August 10, 2021

WILLIAM J MORAIN MORAIN BAKARICH, CPAS 2801 YOUNGFIELD STREET, SUITE 370 GOLDEN, CO 80401

SUBJECT: RELIGHT LLC Ref. Number: W21000110855

We have received your document for RELIGHT LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 721A00018968

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