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> > (((H220002126473)))



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From:

Account Name : INTERSTATE FILINGS LLC

Account Number : 120110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

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## Foreign Limited Liability Company O-LUX TECHNOLOGIES LLC

| Certificate of Status | 0        |
|-----------------------|----------|
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Help

S. ROBERTS JUN 20 2022

From: Alexander Englard

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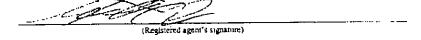
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| , O-LUX TECHNOLOG                          | IES LLC  |   |                                   |                              |       |
|--|--|---|-----------------------------------|------------------------------|-------|
| (Name of Foreign 1                         | limited Liability Company; must include "Limite  | d Liability Compa                         | ny," "L.L.C.," or "LLC.")         |                              |       |
|  |  |   |                                   |                              |       |
| (If name unavailable, enter alternate ru   | ame adopted for the purpose of transacting business in F   | londs. The alternate (                    | mine must suchade "Limited Liabil | ity Company," "L.L.C," or "L | LC.") |
| Illinois                                   |  | 3.  |                                   |                              |       |
| 2. (Jurisdiction under the law of wh       | ach foreign limited liability company is organized)  | <u>۔۔۔۔۔</u>                              | (FEI trumber,                     | if applicable)               |       |
| JANUARY 21, 2020                           |  |   |                                   |                              |       |
| 4  | (Date first transacted business in Florida, if prior to<br>(See sections 605.0904 & 605.0905, F.S. to determ | registration.)<br>sine penalty liability) |                                   |                              |       |
| 1755 Park St. STE 200                      |  | 1755                                      | Park St. STE 200                  |                              |       |
| 5.<br>(Street Address of Principal Office) |  | 6. <del></del> 7                          | Aziling Address)                  |                              |       |
| Naperville, IL 60563                       |  | Naper                                     | ville, IL 60563                   |                              |       |
|  |  |   |                                   | 202                          |       |
|  |  |   |                                   | 2022 JUH 2<br>SIFA LLAI      |       |
| 7. Name and street address                 | s of Florida registered agent: (P.O. Bo  | x <u>NOT</u> accepta                      | able)                             | N20 AH S                     | 65.7° |
| Name:                                      | GUSTAVO OCHOA  |   | -                                 | <del></del>                  | η     |
| Office Address:                            | 5401 W KENNEDY BLVD STE 100  |   |                                   | 24                           |       |
|  | ТАМРА  |   | 33609<br>, Florida                |                              |       |
|  | (City)   |   | (Zip sode)                        |                              |       |

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.



From: Alexander Englard

## (((H22000212647 3)))

| 8. | For initial indexing purposes, list na | mes, title or capacity and | addresses of the primary | members/managers or | persons authorized to |
|----|--|----------------------------|--------------------------|---------------------|-----------------------|
| ma | nage [up to six (6) total]:            |                            |                          |                     |                       |

| Title or Capacity: | Name and Address:           | Title or Capacity | <u>/:</u>    | Name and Address: |
|--------------------|-----------------------------|-------------------|--------------|-------------------|
| □Manager           | Name: GUSTAVO OCHOA         | □Manager          | Name:        |                   |
| <b>■</b> Member    | Address: 2022 INGEMUNSON LN | □Member           | Address:     | <del></del>       |
| □Authorized        | YORKVILLE, IL 60560         | □Authorized       |              |                   |
| Person             |                             | Person            |              |                   |
| Other              | Other                       | Other             | <del>-</del> | □Other            |
| □Manager           | Name:                       | □Manager          | Name:        |                   |
| □Member            | Address:                    | □Member           | Address:     |                   |
| ☐ Authorized       |                             | ☐ Authorized      |              |                   |
| Person             |                             | Person            |              |                   |
| Other              | □ Other                     | Other             |              | Other             |
| □Manager           | Name:                       | □Manager          | Name:        |                   |
| □Member            | Address:                    | □Member           | Address:     |                   |
| □Authorized        |                             | □Authorized       | <del></del>  |                   |
| 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.

Signature of an authorized person
GUSTAVO OCHOA

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File Number

0841276-6



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

O-LUX TECHNOLOGIES LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 21, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 13TH

day of

JUNE

A.D.

2022

Authentication #: 2216403232 verifiable until 06/13/2023

Authenticate at http://www.ilsos.gov

SECRETARY OF STATE