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PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	2023 SEP -1 P
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Special Instructions to Filing Officer:	

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COVER LETTER

TO: **Registration Section Division of Corporations**

Brightspot Strategy LLC

SUBJECT:

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. *r*

Name of Limited Liability Company

e;

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The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LicenseSure LLC Firm/Company 801 Second Ave, 15th Fl Address New York, NY 10017 City/State and Zip Code amiller@Licensesure.biz E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Ashley Miller Ashley Miller at ($\frac{844}{Area Code}$) 5542367 Name of Contact Person at ($\frac{844}{Area Code}$) Daytime Telephone Number Station Section Mailing Address: Street Address: Registration Section Division of Corporations Division of Corporations Division of Corporations O. Box 6327 The Centre of Tallahassee		Name of Person		
Firm/Company 801 Second Ave, 15th Fl Address New York, NY 10017 City/State and Zip Code amiller@Licensesure.biz E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Ashley Miller Ashley Miller at (Area Code) Daytime Telephone Number Mame of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE		Hance of Lenson		
801 Second Ave, 15th F1 Address New York, NY 10017 City/State and Zip Code amiller@Licensesure.biz E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: Ashley Miller Ashley Miller at (Area Code Mame of Contact Person Atea Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 Street Address: Centre of Tallahassee Fallahassee, FL 32314 Calls Street, Suite 810 Tallahassee, FL 32303	LicenseSure LLC			
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lease make check payable to: FLORIDA DEPARTMENT OF STATE		Tallahassee, FL 32303		
🕻 \$125.00 Filing Fee 👘 🗍 \$130.00 Filing Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing I	Enclosed is a check for the following am	ount:		
Certificate of Status Certified Copy of Status &	Please make check payable to: FLORID	A DEPARTMENT OF STATE		

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 LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Brightspot Strategy LL		11111				
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company, E.L.C., or "LUC.)			
(11 name unavailable, enter alternate :	name adopted for the purpose of transacting business in FI	orida. The	alternate name must include "Limited Liabil	иу Company," "	L.L.C." or	- 1.I.C.")
New York 2		27-5077805 3(FEI number, if applicable)				
4.						
*	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	liability)	_		
100 Broadway, Floor 23 5		6.	100 Broadway, Floor 23			
(Street Address of Principal Office)			(Mailing Address)	-		-
New York, NY 10005		New York, NY 10005				
						_
7. Name and street addres	as of Florida registered agent: (P.O. Box	<u>NOT</u> a	(cceptable)		2	
Name:	Patricia A. Harris, Esq.			- * 	2023 SEP	•••
Office Address:	1400 Village Square Blvd #3-85007				- PH	: : : :
	Tallahassee, FL		32312 , Florida		Ħ 5: 2	lines
	(City)		(Zap code)		2.5	

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.

(Registered agent's signature)

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 Capacity:		Name and Address:
□Manager	Name: Buro Happold Consulting Engineers, Inc.	□Manager	Name:	Jennifer Price
Member	Address: 100 Broadway, Floor 23	□Member	Address: _	100 Broadway, Floor 23
□Authorized	New York, NY 10005	Authorized		New York, NY 10005
Person		Person		
Other	Other	Principal Other <u>Sole-Mer</u>	of the nber	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		
Person		Person		
Other	Other	□Other		DOther

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. Fam 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.

Jennifer Price	
Signature of an authorized person	
Jennifer Price, Principal of the Sole-Member	
Typed or printed name of signee	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	BRIGHTSPOT STRATEGY LLC
DOS ID Number:	4050419
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/03/2011
Statement Status:	CURRENT
Statement Due Date:	02/28/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 28, 2023 at 02:06 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100004206794 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ccorp.dos.ny.gov</u>