M24000066437

(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





500428435865

2024年721 147 平日

RECEIVED
2024 MAY 21 PH 12: 18

2024 MAY 21 PM 12: 18

MAY 22 2024 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/20/2024	
Name:	Patrice Rush	<u></u>
Reference #:	2374537	<u> </u>
	BRIGHTI	NIGHT US III, LLC
✓ Articles	s of Incorporation/Authorization	on to Transact Business
Amend	dment	
Chang	e of Agent	
Reinst	atement	
Conve	rsion	
☐ Merge	г	
Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar		
Signature:	(Pall	

F: 800.944.6607

F: +852.2682.9790

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ESS INTHE STATE OF FLORIDA:		_		
(Name of Foreign Limi	BrightNight U led Liability Company, must include "Limite	JS III, LLO	mpany,""L.U.C."	or "LLC ")	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		,,		
ine unavailable, enter alternate name a	dopted for the purpose of transacting business in Flo	orida. The alternat	e name must include	*Limited Liability Compar	19." "L. E. C." or "t.l.C
De	laware	_			
Harrediction under the law of which for	seem limited hability company is organized)	3		(FE) number, if applica	hle)
	(Date first transacted business in Florida, it prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration.) une penalty habili			
515 N Flagler (Dr. Suite 250	,			
(Stree: Address of Princip		6		Mailing Address)	
West Palm Bea	ch, Fl, 33401				
					1/3
					5
ame and street address of	Florida registered agent: (P.O. Box	NOT acce	ptable)		
					2
Name:	Cogency Global Inc.				<u>:</u>
Office Address:	115 North Calhoun St. Suite 4				<u></u>
				22201	
	Tallahassee		, Florida	32301	

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):

fitle or Capacity:	Name and Address:	Title or Capacity	<u>Y:</u>	Name and Address:
Manager	Name: Martin A, Hermann	☐ Manager	Name:	
Member	Address: 515 N Flagler Dr. Suite 250	Member	Address: _	
Authorized	West Palm Beach, FI, 33401	[] Authorized		
Person		Person		
Other	;Other	Other	 -	Other
Manager	Name: BrightNight US II, LLC	[_] Manager	Name:	
Member	Address: 515 N Flagler Dr. Suite 250	∐ Member	Address:	
]Authorized	West Palm Beach, FI, 33401	Authorized		
Person		Person		
Other	Other	Other		Other
]Manager	Name: Duane K. Duclaux	Manager	Name:	
]Member	Address: 515 N Flagler Dr. Suite 250	∐ Member	Address:	
Authorized	West Palm Beach, Fl, 33401	Authorized		<u></u>
Person	General Counsel	Person		
	Other	[_]Other		Other

Duane K. Duclaux

Typed or printed name of signer



The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BRIGHTNIGHT U.S. III, 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-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIGHTNIGHT U.S.

III, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2023.

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

Authentication: 203520857

Date: 05-21-24