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|---|---------------------------|---|---|--|--------------------|
| 1 -01 | TRANSMI | ITTAL LETTE | R | | |
| TO: Registration Section Division of Corp | | • | 9/14 | | |
| SUBJECT: | OIGITAL (Name of corp | INGEN poration - must include | | NC. | |
| Dear Sir or Madam: | | | | | |
| The enclosed "Application "Certificate of Existence" to transact business in Flo | , and check are submitted | on for Authorization ed to register the abo | to Transact Busin ve referenced fore | ess in Florida", eign corporation | |
| Please return all correspondence concerning this matter to the following: | | | | MJH | |
| & d c v o | | matter to the following | ıg: | | |
| - Taw | Na | me of Person) | | | : <u>'av</u> ' |
| Digital | Ingeniet | | | | |
| | (Fig. | Company) | | <u> </u> | *: **: - |
| <u> 350 </u> | HS1 CVC | ~ Augu | ting, en | 2150 | |
| Λ, | | (Address) | - , | | |
| _ Deerth | 11 Beach | > FL | 3344 | 2 . | |
| | (City/S | tate and Zip code) | | | . · - . |
| For further information co | ncerning this matter, ple | ease call: | 000005 -05/1 **** | 5538260- 5/02010700 *70.00 ****** | |
| Adam Coher | <u>at (5</u> t | 01,998. | 73N2 | | |
| (Name of Person) | | rea Code & Daytime | Telephone Numl | nest | ं ह |
| | | • | | 211 | t |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | | MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F. | ection orporations | Y 14 PM 2: 38 AFTANY OF STATE WHASSEE FLORID | |
| Enclosed is a check for the | following amount: | | | D. | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & | ☐ \$78.75 Filing F | ee& □ \$274 | SA Filing Foo | |

Certificate of Status

Certified Copy

Certificate of Status & Certified Copy

:<u>=</u>___

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| 1 |
|---|
| words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) |
| · · · · · · · · · · · · · · · · · · · |
| 2. Fevrey & ONA 3. 23. SOO1359 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| |
| 4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") |
| 11 |
| 6 |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| 7. 1515 Locust Street, Philadelphia PA 19102 |
| (Principal office address) |
| Same |
| (Current mailing address) |
| 8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: Adam Cahen |
| Office Address: 350 NW 12th Avenue, Suite 150 Fig. 2 The Device Reach, Florida 35442 Fig. 30 (City) (Zip code) |
| Office Address: SSO NW 12th Award, Suff 12 0 |
| Teerfield teach, Florida 33442 3 8 |
| (City) (Zip code) |
| 10. Registered agent's acceptance: |
| Having been named as registered agent and to accept service of process for the above stated corporation 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. |
| aunes, and 1 am jamular with and accept the obligations of my position as registered agent |
| |
| () KA |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: _ Address: _ Director: Address: _ **B. OFFICERS** Vice President: _ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

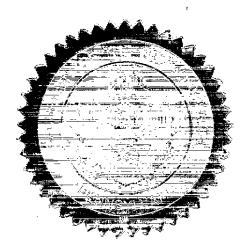
FEBRUARY 25, 2002

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DIGITAL INGENUITY, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

C. Meduel Franks

ACTING

Secretary of the Commonwealth