# F0900000003676

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE ALLAHASSEE FI SAIS

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJ	ECT: Digiport,Inc	
		poration - must include suffix
Dear S	ir or Madam:	
"Certif		ation for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please	return all correspondence concerning th	is matter to the following:
	N	Marc Billings
	Ŋ	Name of Person
		Digiport, Inc.
	F	irm/Company
	200 SE	E 1St Street #400
		Address
	Mia	ami, FL 33131
	Cit	y/State and Zip code
	marc.bill	ings@digiport.com
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter,	please call:
Marc	Billings at (	305 <sub>3</sub> 970-7010
IVIATO	Name of Person at (_	Area Code & Daytime Telephone Number
		The cost of Sulf mile Polephone I williams
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclose	ed is a check for the following amount:	
<b>√</b> \$70	.00 Filing Fee \$\int \text{S78.75 Filing Fee & Certificate of State}	

## 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. Digiport, Inc					_
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
, .	1, , , , , , , , , , , , , , , , , , ,				
					_
(If name unavail	able in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busin	ess in Florida)	_
2. Delaware		3.	26-2443969		_
(State or country	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4. April 9, 2008		5.	Perpetual		_
(Date	of incorporation)		(Duration: Year corp. will cease to exist or	r "perpetual")	
<sub>6.</sub> July 1, 2009					_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 200 SE 1St S	Street #400 Miami, FL 33131				
	(Principal office	add	ress)		•
200 SE 1St S	Street #400 Miami, FL 33131				
	(Current mailing	add	ress)		-
Anv or all la	wful acts and activities				
·	) of corporation authorized in home state of	ог со	untry to be carried out in state of Florida)		-
). Name and stree	et address of Florida registered agent: (	P.C	. Box NOT acceptable)		
Name:	Alan Davidson			<b>z</b>	
Office Address:	1111 Brickell Bay Dr #2305			SECRE	· ·
	Miami		, Florida 33131	TAR IASS	
	(City)		(Zip code)	E C	<b>(</b>
10. Registered ac	gent's acceptance:			PH:	gar.
		rvie	ce of process for the above stated corpor	atike i	place
designated in this	application, I hereby accept the appoint	ntn	ent as registered agent and agree to ac	Th this Elipa	city. I
uriner agree to co ind I am familian	omply with the provisions of all statute with and accept the obligations of my	es re	elative to the proper and complete perfo	rmance of m	y duti

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Marc Billings
Address: 200 SE 1st Street, Suite 400
Miami, FL 33131
Vice Chairman: Charles Volkert
Address: 200 SE 1st Street, Suite 400
Miami, FL 33131
Director:
Address:
Director:
Address:
B. OFFICERS
President: Marc Billings
Address: 200 SE 1st Street, Suite 400
Miami, FL 33131
Vice President: Charles Volkert
Address: 200 SE 1st Street, Suite 400
Miami, FL 33131
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
(Signature of Director of Officer listed in number 12 of the application)  14. Marc Billings, President

(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "DIGIPORT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE,

A.D. 2009.

4533799 8300

090657047

AUTHENTY CATION: 7392100

DATE: 06-30-09

You may verify this certificate online at corp.delaware.gov/authver.shtml