## F 13000000487

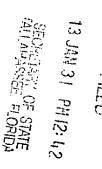
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500244203615

01/31/13--01019--003 \*\*78.75



J. Shivers FEB 0.4 2013

#### **COVER LETTER**

**TO:** New Filing Section Division of Corporations

SUBJECT: 4 DIGITAL, INC., A DELAWARE CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Larry L. Adair, Esquire at 954 \_ 978-1466

rease return an correspondence concerning this matter to the ronowing.
LARRY L. ADAIR, ESQUIRE
Name of Person
LARRY L. ADAIR, P. A.
Firm/Company
2400 West Sample Road, Suite No. 7
Address
Pompano Beach, Florida 33073
City/State and Zip code
larry@lladairlaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

#### STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### **MAILING ADDRESS:**

Area Code & Daytime Telephone Number

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &
			Certified Copy

## . 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.

	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in	n Florida)
DELAWARE		<sub>3.</sub> 46-0747715	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
, AUGUST 2, 2012		5. PERPETUAL	
,	of incorporation) RY 26, 2013	(Duration: Year corp. will cease to exist or "pe	erpetual")
,		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
2400 WEST	SAMPLE ROAD, SUITE NO	. 7 POMPANO BEACH, FLORIDA	33073
SAME	(Principal office ad	idress)	
	(Current mailing ac	idress)	<del> </del>
		NHICH CORPORATIONS MAY BE ORGA country to be carried out in state of Florida)	ANIZED.
Name and stree	t address of Florida registered agent: (F	P.O. Box NOT acceptable)	<b>手</b> 於
Name:	LARRY L. ADAIR, E	SQ.	\$55 \$12 \$12 \$12 \$12 \$12 \$12 \$12 \$13 \$13 \$13 \$13 \$13 \$13 \$13 \$13 \$13 \$13
ffice Address:	2400 W. SAMPLE ROAD N	IO. 7	OF STATE
	POMPANO BEACH	, Florida 33073	
	(City)	(Zip code)	`.
aving been nam signated in this rther agree to co	application, I hereby accept the appoin	rvice of process for the above stated corporat stment as registered agent and agree to act in s relative to the proper and complete perform s of my position as registered agent.	n this capac

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: RICARDO BERROCAL Address: 16192 COASTAL HIGHWAY **LEWES, DELAWARE 19968-9776** Vice Chairman: Director: Address: \_ Director: **B. OFFICERS** President: RICARDO BERROCAL Address: 16192 COASTAL HIGHWAY **LEWES, DELAWARE 19968-9776** Vice President: Address: \_ Secretary: \_ Address: \_\_\_ Treasurer: Address: NOTE: If flee essary, you may attach are addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. RICARDO BERROCAL, PRESIDENT / DIRECTOR

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

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4 DIGITAL, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2012.

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 0079290

DATE: 12-18-12

5193303 8300

121243908

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