F15000002881

(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:						

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500274262095

06/23/15--01007--005 **78.75

\$50.60 | AM 9: 04 \$50.60 | AM 9: 04

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Universal Digitizing	Incorporated		
	Name of corporati	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporate	rtificate of Good St	anding" and check are su	act Business in Florida," bmitted to register the
Please return all correspondence of Joseph Favata	concerning this mat	ter to the following:	
	Name o	of Person	
Universal Digitizing Incorporated			
	Firm/Co	ompany	
965 Vanilla Leaf Place			
	Ado	Iress	
The Villages, Florida 32163			
	City/State	and Zip code	
favatai@msn.com			
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	g this matter, please	e call:	
Joseph Favata	303	881-5539	
Name of Person	Area Co	ode Daytime Telep	phone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:	MAILING A Registration S Division of C P.O. Box 632	Section orporations
2661 Executive Center Ci Tallahassee, FL 32301	rcle	Tallahassee, F	
Enclosed is a check for the follow	ing amount:		
	75 Filing Fee & ificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



June 24, 2015

JOSEPH FAVATA 965 VANILLA LEAF PLACE THE VILLAGES, FL 32163

SUBJECT: UNIVERSAL DIGITIZING INCORPORATED

Ref. Number: W15000043295

We have received your document for UNIVERSAL DIGITIZING INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

I am returning the signature page only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00013279

APPLICATION BY FOREIGN CORPORATION FOR AUTOMACE 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.		zing Incorporated				
••	(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
	Alternative Digi	tal Data Solutions				
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	orida)		
2.		3.				
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4.	11/26/2003	5.	Perpetual			
	(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
6.	7-23-2015					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7	965 Vanilla Leaf	Place The Villages, FL. 32163	, . ,			
٠٠.	···	(Princip	oal office address)			
	Same as Above					
		(Current maili	ng address, if different)			
8.	Name and stree	<u>et address</u> of Florida registered agent: (P.C	D. Box NOT acceptable)	· 1717	=	<u> </u>
	Name:	Joseph Favata		145 -	_	
O	ffice Address:	965 Vanilla Leaf Place		- (1)	≨ بې	U
		The Villages	32163 , Florida	詞	40	
		(City)	(Zip code)			

9. 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Joseph Favata 965 Vanilla Leaf Place Address: The Villages, Florida 32163 Vice Chairman: Address: Address: Director: __ Address: **B. OFFICERS** President: Address: Vice President: Secretary: Address: NOTE: If necessary, you may attach an 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 11 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. 13. Joseph Favata President (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

UNIVERSAL DIGITIZING INCORPORATED

is a **Corporation** formed or registered on 11/26/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031376462.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/15/2015 that have been posted, and by documents delivered to this office electronically through 06/17/2015 @ 08:58:17.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/17/2015 @ 08:58:17 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9220706.



Mayre W. Williams

Secretary of State of the State of Colorado

***********End of Certificate**************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."