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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES,

Account Number : I20020000094 Phone : (770)777-2091

: (770)220-1943 Fax Number

Snter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:

FOREIGN PROFIT/NONPROFIT CORPORATION USDV CAPITAL, INC.

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Co						
415.YPD T	USDV C	APITAL, INC.					
SUBJ	ECT:	Name (of corporation	n - mus	t include suffix		
Dear S	ir or Madam:						
"Certif	icate of Existen	tion by Foreign Co ce," or "Certificate gn corporation to to	of Good St	inding"	and check are su'	act Bu bmitte	siness in Florida," d to register the
Please	return all corres	pondence concerni	ng this matt	er to the	following:		
Sharon	K. Gray						
			Name o	f Person)		
Triad P	ratessional Service	ces, LLC					
			Firm/Co	тралу			
1720 V	Vindward Concou	rsc. Ste. 390					
			Λdd	ress			
Alphan	ettn, GA 30005						
			City/State	and Zip	code		
anlien@	gusdebtventures.c						
		b-mail address	; (to be used	for ful	ure annual report	nour	cation)
For fur	ther information	concerning this m	atter, please	call:			
Onacon in Sing		770 at (777-2091				
	Name of Perso		Area Co	de	Daytime Telep	hone	Number
	Registration Se Division of Co Clifton Buildin	rporations g c Center Circle	S:	٠	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orpora 7	n ations
Enclos	ed is a check for	the following amo	unt:				
☐ \$70	.00 Filing Fee	Certificate o	•		75 Filing Fee & ified Copy	O	\$87.50 Filing Fee, Certificate of Status & Certified Copy

850-617-6381

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November 13, 2015

FLORIDA DEPARTMENT OF STATE

TRIAD PROFESSIONAL SERVICES, LLC Division of Corporations

SUBJECT: USDV CAPITAL, INC.

REF: W15000074600

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P15000066253.

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.

Jenna D Harris Regulatory Specialist II

FAX Aud. #: H15000269394 Letter Number: 915A00023973





NAME CONSENT

USDV CAPITAL, INC., a Florida corporation that has converted to a Delaware corporation, is now qualifying the Delaware entity back into the State of Florida, and hereby consents to use of the name by the Delaware corporation, as we are one and the same company and this poses no conflict.

IN WITNESS WHEREOF, the undersigned has caused this consent to be executed this 13th day of November, 2015.

USVD CAPITAL, INC.

Name: Todd Billings

l'itle: President

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. USDV CAPITAL, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/16/2015 (Date of incorporation) Upon qualification (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 333 Las Ofas Way CU4, Fort Lauderdale, FL 33301 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Todd Billings** Name: 333 Las Olas Way CU4 Office Address: Fort Landerdule (City) 9. Registered agent's acceptance: Having been numed 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.

	nes and business addresses of officers and/or directors: ECTORS			
Chairman	D:			_
				-
Vice Cha	irman:			- -
Address:			eu st 1 	
Director:	Todd Billings			-
Address:	333 Las Olas Way CU4			-
	Fort Lauderdale, FL 33301			_
Director:			-,	_
Address:				-
B. OFF	Todd Billings		<u></u>	-
Address:	333 Las Olns Way CU4			•
	Fort Lauderdale, FL 33301			-
Vice Presi	ident:		<u> </u>	enco
		3> [4] 	\Box	21 CE 12
		13.5K	<u>.</u>	72200M
Secretary:		1700	, Tan-	ا السنا
Address:		<u>5%</u>	9	i i
Treasurer:		ŞĀ.	<u></u>	
Address:		_		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.		
12	Signature of Director or Officer			
are true a	Signature of Director or Officer er or director signing this document and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.	ts stated State con	herein istitutes	
13. Todd	Billings, President	,		
	(Typed or printed name and capacity of person signing application)			

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USDV CAPITAL, 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 TENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USDV CAPITAL,
INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5852377 8300 5R# 20150861321

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

•

Authentication: 10396576 Date: 11-10-15

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