Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

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

Email Address:

Managed reports @ incorp. com

THAR 21 PM 1:41

## FOREIGN PROFIT/NONPROFIT CORPORATION Digiflex Limited

| Certificate of Status | - 3 | 0       |
|-----------------------|-----|---------|
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#### **COVER LETTER**

|        |   | istration Sec<br>ision of Com         |  |                |   |                         |  |  |
|--------|---|---------------------------------------|--|----------------|---|-------------------------|--|--|
|        | SUBJECT   | Digiflex L                            | imited Corporat  | ion            |   | ·                       |  |  |
|        | 5050501   | ·                                     | Name   | of corporation | n ·   | - must include suffix   |  |  |
|        | Dear Sir or i   | Madam:                                | Rex Limited Corporation  Name of corporation - must include suffix  lication by Foreign Corporation for Authorization to Transact Business in Florida," tence," or "Certificate of Good Standing" and check are submitted to register the oreign corporation to transact business in Florida.  respondence concerning this matter to the following:  Jackle DeFilippis  Name of Person InCorp Services, Inc.  Firm/Company  3773 Howard Hughes Pkwy. Suite 5005  Address  Las Vegas, NV 89169-6014  City/State and Zip code  Managedreports@Incorp.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  orp Services, Inc.  erson  at ( |                |   |                         |  |  |
|        | "Certificate  | of Existence                          | ," or "Certificate   | of Good Sta    | n   | ling" and check are sub |  |  |
|        | Please return all correspondence concerning this matter to the following:   |                                       |  |                |   |                         |  |  |
|        |   | Jackie DeFilippis                     |  |                |   |                         |  |  |
|        |   | Name of Person                        |  |                |   |                         |  |  |
|        |   | InCorp Services, Inc.                 |  |                |   |                         |  |  |
|        |   | • •                                   |  |                |   |                         |  |  |
|        |   | 3773 Howard Hughes Pkwy. · Suite 5005 |  |                |   |                         |  |  |
|        |   |                                       |  |                |   |                         |  |  |
|        |   |                                       | Las  |                |   |                         | fication)  fication)  RESS:  on  orations  32314  1 \$87.50 Filing Fee,  Certificate of Status & |  |
|        |   |                                       |  | -              |   | •                       |  |  |
|        |   |                                       |  |                |   |                         |  |  |
|        | For further i   | nformation o                          |  | •              |   | •                       | ·  |  |
| Jackie | DeFilippis f  | or InCorp S                           | ervices, Inc.  | at (           |   | (800) 246-2677          |  |  |
|        | Nar   | ne of Person                          |  | Area Coo       | ie  | Daytime Teleph          | one Number   |  |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                                       |  | S:             | Registration Section Division of Corporations P.O. Box 6327 |                         |  |  |
|        | Enclosed is   | a check for t                         | he following amo   | ount:          |   |                         |  |  |
|        | <b>■</b> \$70.00 F  | iling Fee                             |  |                | ]   |                         | Certificate of Status &  |  |

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### 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. Digiflex Limit                  | ed Corporation   |   |             |
|------------------------------------|--|---|-------------|
| (Enter name of a "Inc.," "Co.," "C | corporation; must include "INCORPORATED,"  Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"   | <del></del> |
| (If name unavai                    | lable in Florida, enter alternate corporate name ad                        | opted for the purpose of transacting business in Flori                        | da)         |
| United Kingd                       | •  | -   | Ť           |
| (State or count                    | ry under the law of which it is incorporated)                              | (FEI number, if applicable)   |             |
| 1, 07/05/2004                      | 5. F   | Perpetual 🙃   |             |
| (Date                              | of incorporation)  | (Date of duration, if other than perpetual)                                   |             |
| Upon Filing                        |  |   |             |
|                                    | (Date first transacted business in F<br>(SEE SECTIONS 607,1501 & 607,150)  | lorida, if prior to registration)<br>2, F.S., to determine penalty liability) |             |
| Unit 15 Eldon                      | Way, Hockley, Essex SS5 4AD, United Kingd                                  | om ·  |             |
|                                    | (Principal   | office address)   |             |
|                                    | (Current mailing   | address, if different)  |             |
| 3. Name and <u>stre</u><br>Name:   | et address of Florida registered agent: (P.O. inCorp Services, Inc.        | Box NOT acceptable)   | I/ BAK ZI   |
| Office Address:                    | 17888 67th Court North   |   | A<br>C      |
|                                    | Loxahatchee  | Florida 33470   | ي           |
|                                    | (City)   | (Zip code)  | 1           |
|                                    |  |   |             |

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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

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.

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| 11. Names and business addresses of officers and/or directors:  |                 |         |
|---|-----------------|---------|
| A. DIRECTORS  |                 |         |
| Chairmon:   |                 | _       |
| Address:  |                 | _       |
|   |                 | _       |
| Vice Chairman:  |                 | _       |
| Address:  |                 | _       |
|   |                 |         |
| Director:   |                 |         |
| Address:  |                 | _       |
|   |                 | _       |
| Director:   |                 | _       |
|   |                 | -       |
| Address;  | <del> </del>    |         |
| B. OFFICERS   |                 | _       |
| Ashley Cane   |                 |         |
| Unit 15 Eldon Way   |                 | -       |
| Hockley, Essex SS5 4AD, United Kingdom  | · <del></del> - | -       |
|   |                 | -       |
| /icc President:   |                 | :<br>ئى |
| ddress:   | #F 2            | ;<br>   |
| Neil Goodacre   |                 | -3      |
| Corretary: Unit 15 Eldon Way, Hockley, Essex SS5 4AD United Kingdom   |                 |         |
| ddress  | <del></del> _   |         |
| Paul Gutteridge reasurer:   | <u> </u>        |         |
| Unit 15 Eidon Way, Hockley, Essex SS5 4AD United Kingdom  |                 | -       |
| IOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct                                     | ors.            |         |
| Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts sta | ited herein     |         |
| re true and that he or she is aware that false information submitted in a document to the Department of State                                   | constitutes     |         |
| third degree felony as provided for in s.817.155, F.S.  Ashley Cane, President  |                 |         |



### **THE COMPANIES ACT 2006**

#### Company No. 5170335

The Registrar of Companies for England and Wales hereby certifies that DIGIFLEX LIMITED was incorporated under the Companies Act 1985 as a limited company on 5th July 2004.

The Registrar further certifies that according to the documents on the file of the company:-

- a) ASHLEY JAMES CANE born in June 1977 a British national and CLARE CANE born in September 1980 a British national are the directors of the company,
- b) the situation of the registered office is 15 ELDON WAY INDUSTRIAL ESTATE, ELDON WAY, HOCKLEY, ESSEX, ENGLAND SS5 4AD.

According to the documents on file and in the custody of the Registrar, the company is up to date with its filing requirements and has at least 1 director, who is a natural person over the age of 16.

Given at Companies House, the 9th March 2017

L SMITH

Lough.

for the Registrar of Companies

This certificate records the result of a search of the information registered by the Registrar. This information derives from filings accepted in good faith without verification. For this reason the Registrar cannot guarantee that the information on the register is accurate or complete.



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