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(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:							
7/3/bc							

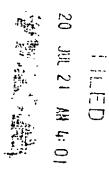
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	FCT: Deltatre inc						
эово,		of corporation	- must include suffi	x			
Dear S	ir or Madam:						
"Certif	closed "Application by Foreign Co leate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are				
Please	return all correspondence concerni	ng this matter	to the following:				
Dougla	s G. Sages						
		Name of I	Person				
DG Sag	ges Consulting Inc						
		Firm/Com	pany				
2003 N	W Royal Fern Ct						
		Addre	ss				
Palm C	lity, FL 34990						
		City/State ar	ıd Zip code				_
douglas	s.sages@bwc.us.com	·	•		37/2	20	
	E-mail address	: (to be used fo	or future annual repo	ort notification	n), -; 7	<u> </u>	 -
For fur	ther information concerning this m	atter, please ca	all:			. 21	FILED
Dougla	s G Sages	772 at (879 0687 (cell 2	03 921 6853)		Ē	
	Name of Person	Area Code	Daytime Te	lephone Num	ber, **	t: 0	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration of P.O. Box 6	f Corporation			
Please r	ed is a check for the following amo nake check payable to: FLORIDA DE .00 Filing Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee of Certified Copy	Cer	.50 Filing tificate o tified Co	f Stat	

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.

Deltatre Inc							
	of corporation; must include "INCORPORATED" "Corp." "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATIO	V,"				
(If name una	vailable in Florida, enter alternate corporate name	adopted for the purpose of transactii	ng business in Florida)				
2. New York	3	47-2598138					
	untry under the law of which it is incorporated)	(FEI number, if applicable)					
4. December 19	5.	perpetual					
(1)	Date of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)				
6. January 1, 20	January 1, 2020						
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)				
7. Equinix MII:	50 NE 9th Street, Miami, FL 33132						
	(Principal off	ice <u>street</u> address)					
	(Current maili	ng address, if different)	20 46 20				
8. Name and <u>s</u>	treet address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	T.				
Name	Douglas G Sages		JUL 21				
Office Address	2003 NW Royal Fern Ct		A □				
	Palm City	Florida	4: 0				
	(City)	(Zin code)	<u> </u>				

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.

A. DIRECTORS Andrea Marini Name: _ Jeffrey Gordon Roth □ Chairman ☐ Chairman 55 Brompton Square 9 Manor Road ☐ Vice Chairman Address: □ Vice Chairman Address: Knightsbridge London SW3 2AG Old Greenwich, CT 06870 Director Director ■ President □President □Vice President ☐ Vice President ☐ Secretary □Treasurer ■ Secretary □Treasurer □Other _____ Other _____ □Other _____ ☐Other _____ Anthony Crispino □Chairman □Chairman Name: 190 Cape Cod Way Address: ☐ Vice Chairman ☐ Vice Chairman Address: Mooresville N.C. 28117 Director □ Director ☐ President ☐ President ☐ Vice President □Vice President □ Secretary Treasurer □ Secretary Other _____ □Other □Chairman Name: □ Chairman Name: __ □Vice Chairman Address: _____ □Vice Chairman Address: 0 □ Director □ Director □President ☐ President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer Other_____ Other _____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Anthony Crispano, Treasurer/CFO, Director

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DELTATRE INC. was filed on 12/19/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 11th day of June two thousand and twenty.

Brandon C Hydra

Brendan C Hughes
Executive Deputy Secretary of State