T21000001152

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

	Registration Section Division of Corporations			
SUBJE	OCT: DIGIZUITE, INC.			
OCDOL		f corporation	- must include suffix	
Dear Sir	r or Madam:			
"Certific	losed "Application by Foreign Corcate of Existence," or "Certificate of Erecated foreign corporation to tra	of Good Stand	Authorization to Transact Business in Floring" and check are submitted to register in Florida.	orida," the
Please re	eturn all correspondence concernin	g this matter	to the following:	
Martin E	Dahlgaard			
		Name of I	Person	
Thomas	Martin LLP			
		Firm/Com	pany	2021
228 Park Ave S, #300				
		Addre	SS	
New You	rk, NY 10003			1
		City/State ar	nd Zip code	
service@	thomasmartinlaw.com			:
	E-mail address:	(to be used fo	or future annual report notification)	• • • • • • • • • • • • • • • • • • • •
For furth	ner information concerning this ma	tter, please ca	all:	-
Martin D	Pahlgaard a	ıt (<u>917</u>	719-1088	
	Name of Person	Area Code	Daytime Telephone Number	_
]	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
lease ma	is a check for the following amounts to the check payable to: FLORIDA DEF 0 Filing Fee	PARTMENT (Fee & \Box	\$78.75 Filing Fee & \$87.50 Filing Fee & \$1.50 Filing Fee & \$2.50 Filing Fee & \$3.75 Filing Fee & \$4.75 F	of Status &

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.

Digizuite, Inc.				
(Enter name of c	corporation; must include "INCORPORATED," "forp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	,,	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)	
2. Delaware	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)		
675 Ponce De Le		, r.s., to determine penalty hability	y)	
7	on Ave NE, STE 8500, Atlanta, GA 30308 (Principal office	street address)		
228 Park Ave S,	#300, New York, NY 10003		29	
	(Current mailing a	ddress, if different)	<u> </u>	
8. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	<u></u> -	
Name:	Registered Agent Solutions, Inc.	<u> </u>	ga emb	
Office Address:	155 Office Plaza Dr., Suite A			
	Tallahassee	— , Florida ³²³⁰¹	• -	
	(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.

Mackenzie Hart, Asst. Secretary
(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							
Chairman	Name:	□ Chairman	Name: Kim R. Wolters				
□ Vice Chairman	Address:	□Vice Chairman	Address: Ryttergade 12, 1.				
□Director	5000 Odense C	□Director	5000 Odense C				
□President	DENMARK	■ President	DENMARK				
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	■ Secretary	Treasurer				
Other	□Other	Other	□Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		Director					
President		□President					
		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	Other	Other.				
			<u>!</u> -				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Sccretary	□Treasurer	☐ Secretary	□Treasurer				
Other	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.							
12. Kim Walters							
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							

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

s.817.155, F.S.

Kim R. Wolters, President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DIGIZUITE, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.



Authentication: 204427973

Date: 12-28-20