# P2100001379

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations	S				
SUBJECT: Digital P Media, Inc.					
SUBJECT.	Name of corporation	n - mus	t include suffix		
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Star	nding`	and check are subr		
Please return all correspondence	concerning this matte	r to the	following:		
Erin S	Sloan				
	Name of	Person	)		
Digital	P Media, Inc.				
	Firm/Cor	npany		<del></del>	
1000	Ravenwood Drive				
	Addı	ress			
Ralei	gh, NC 27606				(~)
	City/State a	and Zip	code		- 1
erin@	digitalpmedia.com				
E-ma	il address: (to be used	for futu	ire annual report ne	otification)	
For further information concerni	no this matter, please	call:			
To raid of mornation concerns	ng and matter, prease	<b>C</b> (111.			:.:
Erin Sloan	at (	1	412-8561		:
Name of Person	Area Coo	de —	Daytime Teleph	one Number	<del></del>
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		
	RIDA DEPARTMENT	□ \$78.	FATE 75 Filing Fee & ified Copy	□ \$87.50 Fil Certificate Certified 0	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.

		nme adopted for the purpose of transacting business in Florida)
· <del></del>	Jorth Carolina	3. 20-5282626 (FEI number, if applicable)
8-1-2006 5		5. (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
·		
	(Date first transacted busing (SEE SECTIONS 607,1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
110 Adams S	treet, Cary, NC 27513	
·	· · · · · · · · · · · · · · · · · · ·	office street address)
1000 Raver	nwood Drive, Raleigh, NC 27606	
<del> </del>	(Current m	ailing address, if different)
Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)
Name and stree	t address of Florida registered agent: Registered Agents Inc.	(P.O. Box NOT acceptable)
Name:	Registered Agents Inc.	(P.O. Box <u>NOT</u> acceptable)
Name:	Registered Agents Inc. 7901 4th St N, STE 300	(P.O. Box <u>NOT</u> acceptable)
	Registered Agents Inc.  7901 4th St N, STE 300	(P.O. Box <u>NOT</u> acceptable) , Florida

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.

(Registered agent's signature)

A. DIRECTORS	-			
□Chairman	Name: Peyote Perryman	□Chairman	Name: Erin Sloan	
□Vice Chairman	Address: 1000 Ravenwood Drive	□Vice Chairman	Address: 1000 R	avenwood Drive
Director	Raleigh, NC 27606	☑Director		Raleigh, NC 27606
☑President		□President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☑ Secretary		□Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	A SAME PARTY	□Director		
□President	<del></del>	□President		
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
□Chairman	Name:	□Chairman	Name;	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director		□Director		·
□President		□President		· ·
□ Vice President		□Vice President		·
☐ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Jse an attachment to report more than six (6). The atta added to the index when filing your Florida Departm Signature of Director	ent of State Annual Re	eport form.	,
-	Signature of Director	or Officer		
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in numb- lse information submitted in a document to the Depar	er 11 above) affirms th	nat the facts stated h	erein are true and that he of
13. Ei	rin Sloan, Secretary			



# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### DIGITAL P MEDIA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of August, 2006, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of February, 2021.

Elaine J. Marshall

Secretary of State