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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only

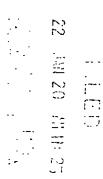


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T. LEMIEUXJAN 2 1 2022

Incorporating Services, Ltd.

incserv°

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REOUEST	DATE	1/20/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 989162

ORDER ENTITY

DIGIFI, INC.

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DIGIFI, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: josh@satelliteinnovations.io

RETURN/FORWARDING INSTRUCTIONS:__

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, January 20, 2022 Page 1 of 1

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.

DIGIFI, INC.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORAT	ION."
DIGIFI SYSTE	MS, INC.		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transa	cting business in Florida)
2. Delaware	3	47-1071648	
(State or countr	y under the law of which it is incorporated)	(FEI number, i	f applicable)
4. 06/05/2014	5		
	of incorporation) 5.	(Date of duration, if oth	er than perpetual)
6. 01/01/2022			
7. HIII Brickell Av	(SEE SECTIONS 607.1501 & 607.1 e, Floor 10, Miami, FL 33131	in Florida, if prior to registration) 502, F.S., to determine penalty lia ice <u>street</u> address)	bility)
	(Current maili	ng address, if different)	
8. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.0 Joshua Jersey 1111 Brickell Ave, Floor 10	O. Box <u>NOT</u> acceptable)	22 JAI 20
office Address.		. Florida <u>33131</u>	
	(City)	(Zip code)	7. O.I.

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.



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:	anderstarren			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Miami, FL 33131	■Director	Miami, FL 33131				
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary]Treasurer			
Other CEO	□Other	□Other]Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:Attackell Ave, Floor 10	□Vice Chairman	Address:				
□Director	Miami, FL 33131	□Director		٠.			
■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		□Director	•=				
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	□Secretary	C	Treasurer			
□Other	□Other	□Other]Other			
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or	nt of State Annual Re	port form.				

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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DIGIFI, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGIFI, INC."

WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2014.

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

Authentication: 202385894

Date: 01-12-22

5546486 8300 SR# 20220111220