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(Business Entity Name)						
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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

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

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/20/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 993100

ORDER ENTITY DIGITAL JOY, INC.

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DIGITAL JOY, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:__

\$78.75 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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 I

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.

(Enter name of co	orporation; must include "INCORPORATED," "(orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATION	4,"		
(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)		
Delaware	3				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 12/22/21 5 5					
4. (Date of incorporation) 5. (Date of duration, if other than perpet					
upon filing					
6400 W. Boynton	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502) Beach Blvd., Suite 740486, Boca Raton, FL 334	, F.S., to determine penalty liabili	ity)		
· <u> </u>	(Principal office	street address)			
Name and street Name: Office Address:	(Current mailing a address of Florida registered agent: (P.O. Electroporating Services, Ltd. 1540 Glenway Drive	ddress, if different) Box NOT acceptable)	FILED 2022 JAN 2 I PH 12: 29 1 CORLUSCIO TISSUE TI ALL ARCESSION TO SECURITION TO SECURITICAL SECURITION TO SECURITICAL SECURITION TO SECURITION SECURITION TO SECURITION TO SECURITION TO SECURITIC		

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.

DocuSign Envelope ID: E9D7BCAD-1872-471F-9DB6-37680BB4ADB7 A. DIRECTORS Tracey Shaw Louis Hernandez, Jr. □Chairman Chairman Address: 6400 W. Boynton Beach Blvd. 6400 W. Boynton Beach Blvd. □Vice Chairman □ Vice Chairman Suite 740486 Suite 740486 Director Director Boca Raton, FL 33474 Boca Raton, FL 33474 □President President □Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer CEO CEO □Other _____ □Other Steve Richards □ Chairman □ Chairman 6400 W. Boynton Beach Blvd. Address: ☐ Vice Chairman ☐ Vice Chairman Suite 740486 ■ Director □ Director Boca Raton, FL 33474 □President □ President ☐ Vice President ☐ Vice President Secretary **■**Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Chairman □Chairman Name: ____ Name: □Vice Chairman Address: _____ □ Vice Chairman Address: _____ Director □ Director □President □ President □Vice President _____ ☐ Vice President □ Secretary □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.

louis Hernander Jr.

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.

Louis Hernandez, Jr., Chief Executive Officer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "DIGITAL JOY, 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 TWENTIETH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITAL JOY,

INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D.

2019.

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

Authentication: 202442765

Date: 01-20-22