

# F22000065046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

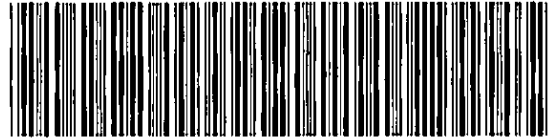
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

AUG 11 2022

K. Brumby

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Digihost Technology Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Pearlman

Name of Person

Igler and Pearlman, P.A.

Firm/Company

2457 Care Drive, Suite 203

Address

Tallahassee, Florida 32308

City/State and Zip code

richard.pearlman@iglerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Pearlman

Name of Person

at ( 850 ) 878-2411

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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.*

1. Digihost Technology Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Not applicable

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Canada 3. Not applicable  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 18, 2017 5. Not applicable  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Not applicable  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18 King Street, East, Suite 902, Toronto, ON M5C 1C4  
(Principal office street address)

Not applicable

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Igler and Pearlman, P.A.

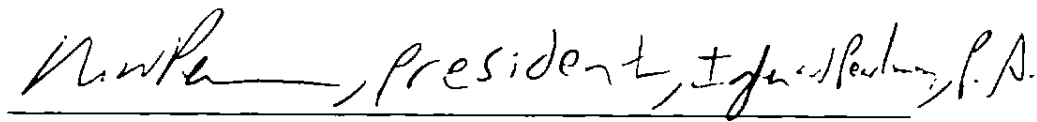
Office Address: 2457 Care Drive, Suite 203  
Tallahassee, Florida 32308  
(City) (Zip code)

2022 AUG 11 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A. DIRECTORS

☒ Chairman Name: Michel Amar  
☐ Vice Chairman Address: 18 King Street East  
☒ Director Suite 902  
☐ President Toronto, ON M5C 1C4  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Alec Amar  
☐ Vice Chairman Address: 18 King Street East  
☒ Director Suite 902  
☒ President Toronto, ON M5C 1C4  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

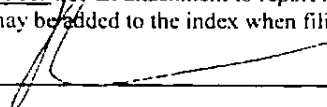
☐ Chairman Name: Adam S. Rossman  
☐ Vice Chairman Address: 18 King Street East  
☒ Director Suite 902  
☐ President Toronto, ON M5C 1C4  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Gerard Rotonda  
☐ Vice Chairman Address: 18 King Street East  
☒ Director Suite 902  
☐ President Toronto, ON M5C 1C4  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Zhichao Li  
☐ Vice Chairman Address: 18 King Street East  
☒ Director Suite 902  
☐ President Toronto, ON M5C 1C4  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Paul Ciullo  
☐ Vice Chairman Address: 18 King Street East  
☐ Director Suite 902  
☐ President Toronto, ON M5C 1C5  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ 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.  \_\_\_\_\_  
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.

13. Michel Amar, Chief Executive Officer & Director  
(Typed or printed name and capacity of person signing application)

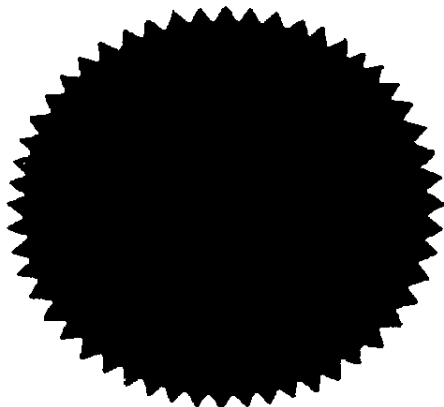


Number: **BC1107842**

# **CERTIFICATE OF GOOD STANDING**

## ***BUSINESS CORPORATIONS ACT***

***I Hereby Certify that,*** according to the corporate register maintained by me, **DIGIHOST TECHNOLOGY INC.** was incorporated as a company under the laws of the Province of British Columbia, is a valid and existing company and is, with respect to the filing of annual reports, in good standing.



*Issued under my hand at Victoria, British Columbia*

*On August 9, 2022*

**T.K. SPARKS**  
*Registrar of Companies*  
Province of British Columbia  
Canada

ELECTRONIC CERTIFICATE