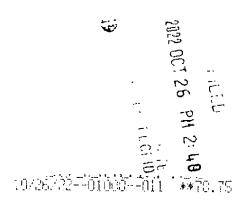
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

ГО:	Registration Section Division of Corpora				
er i i i i i i	·	Digerati Producti	ons, Inc		
SUB.	JECT:	Name of corporation	on - mu	st include suffix	
Dear S	Sir or Madam:				
Certi	ficate of Existence." of	by Foreign Corporation for "Certificate of Good Starporation to transact busing	anding"	and check are sub	
Please	return all correspond	ence concerning this matt	er to th	e following:	
	Trevor Zulinke				
	Digerati Productions, Inc	Name o	f Perso	n	
		Firm/Co	mpany		
1040 E	Buena Vista Avenue				
Brooks	sville, Florida 34601	Ado	lress		
admin	@digeratiproductions.co	City/State	and Zi	p code	
	È	-mail address: (to be used	d for fut	ure annual report r	notification)
For fu	rther information con	cerning this matter, please	e call:		
Trevor	Zulinke	954	0.0.5.1-1.0.0		
	Name of Person	at (Area Co	, ode	Daytime Telep	hone Number
	STREET/COURII Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	n itions hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please		following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & stified Copy	S87.50 Filing Fee, Certificate of Status &

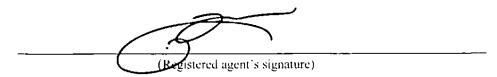
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Digerati Product	ions Inc				
•	(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORA"	TION,"		
	Digerati Product	ions				
	(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of trans	acting busin	ess in Florida)	
2.	Texas	3	84-4048230			
4.	December 13, 20					
6.	n/a	•				
7.	20304 State High	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 way 155 N Winona, Texas 75792	Torida, if prior to registration 2, F.S., to determine penalty l) iability)		
	4441 Six Forks R	(Principal office d 106-113 Raliegh, NC 27609	street address)	₹	2022 (
		(Current mailing	address, if different)		101 26 P	
8.		et address of Florida registered agent: (P.O.) Trevor Zulinke	Box <u>NOT</u> acceptable)); (0); (2);	PH 2:	
	Name:	1040 Buena Vista Avenue	_	<u>)</u>	 ED	
0	ffice Address:			7 .	ب	
		Brooksville	34601 , Florida			
		(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.



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	Randall Vincent Proitt							
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Raleigh, NC 27609	□Director						
President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
Owner 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	□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	□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. Signature of Director or Officer								
	\ Sigilature of Director o	r 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. Randall Vincent Pruitt, Owner & President								

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Digerati Productions Inc (file number 803493186), a Domestic For-Profit Corporation, was filed in this office on December 13, 2019.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate LEGALCORP SOLUTIONS, LLC as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3 GREENWAY PLAZA #1320

HOUSTON, TX - 77046 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 24, 2022.



John B. Scott Secretary of State