Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number: FCA000000023 Phone: (850)205-8842 Fax Number: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

STEATER STATE OF STAT

Foreign Limited Liability Company Data Driven Delivery Systems, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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SECRETARY OF STATE

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COVER LETTER

TO:		ration Section on of Corporation	ns					
SURIE	D CT:	ata Driven Delive	ry Systems LLC					
		Name of Limited Liability Company						
						nnsact Business in Florida," Cert y company to transact business in		
Please r	eturn all	correspondence	concerning this matter to the	following:				
		Frederick Leaf	hers					
		Name of Person						
		Data Driven Delivery Systems LLC						
		Firm/Company						
		111 Broadway - Suite 1005						
Address								
		New York, NY 10006						
			City/S	tate and Zip Code				
		Fred.Leathers@						
			E-mail address: (to be use	d for future annual	report not	cification)		
For furt	her info	rmation concerning	g this matter, please call:					
	Jessie	ı Hale		213 at (337461			
		Name o	of Contact Person	Area Code	Day	time Telephone Number		
	Division Registra P.O. B	ING ADDRESS: on of Corporation ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section building ecutive Center Circle see, FL 32301		
Enclose		neck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate	

7/7/2016 10:22:27 AM From: To: 8506176383(3/4)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Duta Driven Delivery System III.
(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. Of 19 Way ([Jurisdiction under the law of which foreign limited flability 3. 45-37427)
4JUNC 1, 2016
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905. F.S. to determine penalty liability) 5. 6325 South Rainbow Blvd, Suite 4207
5. 6325 South Rainbow Blvd, Suite 420 = The Vegar, NV 89118
6 6327 South Rainfully Blild Suit 4).0 50
[0/ 1/1/ 00/1/ FB = -
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System
Office Address: 1200 South Pinc Is and Road Plantation Florida 33324
(City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
Christen Invel
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Frederick Leathers - Manager - 111 Broadway - Suite 1005, New York, NY 10006
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.
FT (U X / 1 \ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DATA DRIVEN DELIVERY SYSTEMS, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2016.

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

2016 JUL -7 AM 7: 02
SECRETARY OF STATE

5055855 8300 SR# 20164798495

Authentication: 202613870

Date: 07-06-16

You may verify this certificate online at corp.delaware.gov/authver.shtml