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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Davcast UCL.	Name of Limited	Liability Company	
The enclosed "Application by Foreign Limit Existence, and check are submitted to registor			
Please return all correspondence concerning	this matter to the following	ng:	
Colleen	Name of l	Person .	
Kantur, Palmett	Zeigler, Chan Firm/Gon	berlain & Perc	:110,7-
1000 HM A	5th Street, Suit Addre	e 20\ ess	
Fort Lauderdale	FL 33309 City/State and	Zip Code	
Ctimmias @: E-mail ad	idress: (to be used for fut	ure annual report noti	fication)
For further information concerning this matter	er, please call:		
College Timpio Name of Contact I	at (at (95년) <u>박32</u> Area Code Dayt	- 3100 ime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division of Registration Clifton Bu 2661 Exec	
	0 Filing Fee & □\$1	55.00 Filing Fee & fied Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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: 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.") (FEI number, if applicable) . New York (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Broadhollow Road - (Street Address of Principal Office) 6. 91 Broadhollow Road Melville MY 11747 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) College Timmins Name: Office Address: 1000 NW 45 Street Suite 201 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 and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Davide Castellano : Sole Member 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)

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.

Typed or printed name of signee

State of New York **} ss: Department of State**

I hereby certify, that DAVCAST UCL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/22/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 21st day of July two thousand and sixteen.

Continy Sicilia

Executive Deputy Secretary of State