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SECRETARY OF STATE

THE THE PART OF TH

K. SALY MAY 1 8 2017 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 646777 4803460		
AUTHORIZATION Commelle Man		
COST LIMIT : \$-125.00		
ORDER DATE: May 17, 2017		
ORDER TIME : 9:22 AM		
ORDER NO. : 646777-015		
CUSTOMER NO: 4803460		
FOREIGN FILINGS		
NAME: DG VAULT, LLC		
XXXX QUALIFICATION (TYPE: <u>LL</u>)		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 DGVault, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC.") (If name unavailable, onter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.E.C.") 2. Delaware 3. 82-1328637 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI mumber, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 5. 1200 U.S. Highway 22 East, Suite 200 (Street Address of Principal Office) Bridgewater, NJ 08807 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee _____. Florida 32301 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 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.

Corporation Service Company

ydia Cohen isst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Member Two-Twenty Records Management LLC 1200 U.S. Highway 22 East, Suite 200 Bridgeweter, NJ 08807 (Use attachments if necessary) 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)

10. 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.

Christopher Marquart, Authorized Person

Signature of an authorized person

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DGVAULT, 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 SEVENTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DGVAULT, LLC"

WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2017.

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

2011 NAY 17 AM 8: 19 SECRETARY OF STATE



6391151 8300 SR# 20173619826 Authentication: 202552322

Date: 05-17-17