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AND SECTION OF STATE OF STATE

K. SALY AUG 14 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

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ACCOUNT NO. : I2000000195
REFERENCE : 343928 4325394
AUTHORIZATION: Spelle Menon
COST LIMIT : \$125:00
ORDER DATE : August 13, 2018
ORDER TIME : 9:37 AM
ORDER NO. : 343928-015
CUSTOMER NO: 4325394
FOREIGN FILINGS
NAME: PEAPOD DIGITAL LABS, 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: Roxanne Turner -- EXT# 62969

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	name adopted for the purpose of transacting husiness t		
		3.	
(Juristiction under the law of w	buch foreign lumited liability company is organized)		(FEI number, if applicable)
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to de	or to registration)	
2110 Executive Drive	(See seeman out of the only, over, it is a	6. 2110 Executive Dr	ina ina
(Street Address of	Principal Office)		(ailing Address)
Salisbury, NC 28147		Salisbury, NC 2814	
			20
			ريز الم
Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT accentable)	SET
		<u> </u>	-17.
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		3
Office Address:	77.13.1		72
		22	301
wing been named as re signated in this applica comply with the provis	Tallahassee (City) stance: rgistered agent and to accept service rtion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agent.	nt as registered agent and agre	(Zip code) I limited liability company at the re to act in this capacity. I furth re of my duties, and I am familia Roxanne Turn
aving been named as re signated in this applica comply with the provis	(City) stance: rgistered agent and to accept service tion, I hereby accept the appointment tions of all statutes relative to the pro-	of process for the above stated at as registered agent and agre per and complete performance	(Zip code) I limited liability company at the to act in this capacity. I furth to find the form of th
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Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PEAPOD DIGITAL LABS, 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 THIRTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEAPOD DIGITAL LABS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2018.

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

TILED

SECRETARY OF STATE
SECRETARY OF STATE

Authentication: 203238789

Date: 08-13-18

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