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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FL
STATE

**Foreign Limited Liability Company
ONEBUILD FL LLC**

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S. PRATHEE

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 ONEBUILDELLLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

If more than one, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2 DELAWARE

(Jurisdiction under the laws of which foreign limited liability company is organized)

3

(ID number, if applicable)

4 March 14, 2019

(Date first transacted business in Florida, if prior to registration)
(See sections 605.094 & 605.095, F.S. to determine taxable liability.)

5 822 US Highway A1A N., Suite 208

(Street Address of Principal Office)

6 822 US Highway A1A N., Suite 208

(Mailing Address)

Ponte Vedra Beach, FL 32082

Ponte Vedra Beach, FL 32082

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: CTCorporationSystem

Office Address: 1200 SouthPinelandRoad

Plantation Florida 33324
(City) (State)

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.

CTCorporationSystem

By: Ranae McGraw

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
☒ Manager	Name:	David Griggs	☒ Manager	Name:	Lee Kaplan
☐ Member	Address:	822 US Highway A1A N	☐ Member	Address:	822 US Highway A1A N
☐ Authorized		Suite 208	☐ Authorized		Suite 208
Person		Ponte Vedra Beach, FL 32082	Person		Ponte Vedra Beach, FL 32082
☐ Other			☐ Other		
☐ Manager	Name:	DGI, K1, L.C., a Delaware LLC	☐ Manager	Name:	Joel Colby
☒ Member	Address:	822 US Highway A1A N	☒ Member	Address:	5701 Carder Rd.
☐ Authorized		Suite 208	☐ Authorized		Orlando, FL 32810
Person		Ponte Vedra Beach, FL 32082	Person		
☐ Other			☐ Other		
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized			☐ Authorized		
Person			Person		
☐ 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.

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. 817.135, F.S.

Barbara S. Cacciolo

Signature of an authorized person

Barbara S. Cacciolo, Esq.

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ONEBUILD FL 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 MARCH, A.D. 2019.

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



7221572 8300

SR# 20191948939

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202433702

Date: 03-13-19