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Account#: 120000000088

Date:	06/19/2019	
	Merritt Walker	<u> </u>
Reference	= #:1098039	<u> </u>
Entity Nar	me: DATAPATH VE	RTICAL BRIDGE, LLC
✓ Art	icles of Incorporation/Authorizatio	n to Transact Business
Am	nendment	
☐ Ch	ange of Agent	
Re	instatement	
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☐ Me	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
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Account#: 120000000088

Date:	06/19/2019			
	Merritt Wa	lker	_	
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F: +852.2682.9790

COVER LETTER

TO:	Registration S Division of Co						
CUBI	ECT.		DataPath Ver	tical Bridg	e, LLC		
Name of Limited Liability Company							
						ansact Business in Florida." y company to transact busir	
Please	return all corresp	ondence concern	ning this matter to the f	ollowing:			
			Milli	e Shearer			
			Na	me of Person	-		
	Vertical Bridge REIT, LLC						
			Fir	m/Company			
		750	Park of Com	merce Driv	/e, Suit	te 200	
				Address			
	Boca Raton, FL 33487						
	City/State and Zip Code						
	mshearer@verticalbridge.com E-mail address: (to be used for future annual report notitication)						
For fur	thue indisensation :		natter, please call:	io intere anno	i tejkhi not	tireation)	
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		Millie She	earer	ar (561		948-6367	
		Name of Cont	act Person	Area Code	Day	time Telephone Number	
	MAILING AD Division of Cor Registration Se P.O. Box 6327 Tallahassee, FL	porations ction			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section wilding cutive Center Circle ee, FL 32301	
	Enclosed is a cl Please make ch	neck for the follo	owing amount: FLORIDA DEPART!	IENT OF STA	TE		
	□ \$125.00 Fil	ing Fee 🔲	\$130,00 Filing Fee & Certificate of State		Filing Fee ed Copy	& S160.00 Filing I of Status & Cert	

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DataPath Vertical Bridge, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L.C.," or "LLC.") (If name may athible, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "LEC") 47-5052096 Delaware Hursdiction under the law of which fixeign firmled hability company is organized) Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 750 Park of Commerce Onve, Suite 200, Boca Raton, FL 33487 750 Park of Commerce Drive: Suite 200, Boca Raton, FL 33487 (Street Address of Principal Office) (Mading Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: Office Address: 115 North Calhoun St. Suite 4 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. (Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: VBDTP,LLC Manager Name: _______ Address: _ 750 Park of Commerce Drive, Suite 200 Member Member | Address: _____ Boca Raton, FL 33487 Authorized Authorized Person Person Other Other____ Other__ Other_____ Manager Manager | Name: ______ Member Address: _____ Member Address: _____ Authorized Authorized Person Person Other____ Other___ Other__ Other ■Manager Name: Manager ■Member Member Address: _____ Address: _ Authorized Authorized Person Person Other Other____ Other___ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605.0 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes I third degree felony as provided for in s.817.155, F.S. Signaltic of an authorized person

Daniel Marinberg, Sr. VP & General Counsel



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

DELAWARE, DO HEREBY CERTIFY "DATAPATH VERTICAL BRIDGE, 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 NINETEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATAPATH

VERTICAL BRIDGE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST,

A.D. 2015.

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

Authentication: 203058812

Date: 06-19-19

5813281 8300 SR# 20195540263