

Florida Department of State
 Division of Corporations
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 Fax Number : (850) 617-6383

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 7-31-19
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From:
 Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MOLLIS, P.A.
 Account Number : 074424003301
 Phone : (813) 223-7474
 Fax Number : (813) 227-0435

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: MSikoryak@digitalhands.com

Foreign Limited Liability Company
 Digital Hands, LLC

Certificate of Status	0
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Help

Y SCOTT

AUG 1 2019



DIGITAL HANDS, LLC
400 N. Ashley Drive, Suite 900
Tampa, Florida 33602

July 30, 2019

Florida Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

Re: Consent to Use of Name

To Whom It May Concern:

Digital Hands, LLC, a Florida limited liability company, hereby consents to allow Digital Hands LLC, a Delaware limited liability company, to the use of the name "Digital Hands, LLC".

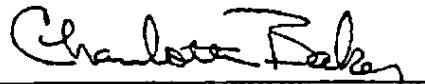
Please contact the undersigned if additional information is needed or if you have any questions.

Thank you for your assistance.

Sincerely,

DIGITAL HANDS, LLC, a Florida limited liability company

By:



Charlotte A. Baker, Manager

**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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Digital Hands, LLC

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

2. Delaware

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

3. 59-3754250

(FED number, if applicable)

4. 7/29/2019(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)5. 400 N. Ashley Drive, Suite 900

(Street Address of Principal Office)

Tampa, FL 336026. 400 N. Ashley Drive, Suite 900

(Mailing Address)

Tampa, FL 336027. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Michael Sikoryak

Office Address:

400 N. Ashley Drive, Suite 900Tampa

(City)

, Florida 33602

(Zip code)

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Charlotte A. Baker</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>400 N. Ashley Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 900</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Tampa, FL 33602</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.817.155, F.S.

Charlotte A. Baker
Signature of an authorized person

Charlotte Baker
Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGITAL HANDS, 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 EIGHTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITAL HANDS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2019.

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

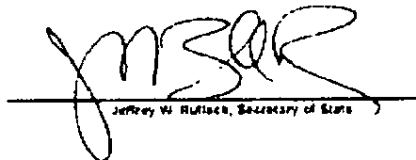
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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203239856

Date: 07-18-19