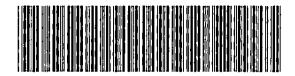
Naccetta

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
·		•
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		}
<u></u>		

Office Use Only



300338659213

01/10/20--01011--009 **135.00

OZO JAN 10 PM 2: 09



	Digital Position, LLC 🍝			
BJE	CT: Name of Limited Liability Company			
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flore, and check are submitted to register the above referenced foreign limited liability company to transact			
ase	eturn all correspondence concerning this matter to the following:			
	Melissa Spitz			
	Name of Person			
	Digital Position, LLC	- -1		
	Firm/Company	—— <u>—</u> —————————————————————————————————	2020	
		AHA	2020 JAN 10	•
	285 Devaux Rd	ASSE ———————————————————————————————————	: ~	-
	Address		. <u> </u>	ì
	Torrington, CT 06790	E. FLORIDA	PH 2:	į
	City/State and Zip Code		: 09	
	accounting@digitalposition.com	Þ	w	
	E-mail address: (to be used for future annual report notification)			
fur	ner information concerning this matter, please call:			
	Melissa Spitz 860 387-7852			
	Name of Contact Person Area Code Daytime Telephone Nur	nber		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	·		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE			
		Filing Fee, 6 & Certified		•

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Digital Position, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.") Connecticut (Jurisdiction under the law of which foreign limited liability company is organized) 01/13/2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 285 Devaux Rd. 210 Holcomb St. (Street Address of Principal Office) Simsbury, CT 06070 Torrington, CT 06790 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N. STE 300 Office Address: St. Petersburg , Florida

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.

The CINGLA SINUXO
(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: Roger Parent Manager Name: ■ Manager Name: ___ 210 Holcomb St. Member Address: ☐ Member Address: ___ Simsbury, CT 06070 ☐ Authorized Authorized Person Person Other Other Other _ Name: ___ Stephen Cozzolongo Manager Manager Address: _____1344 Green Oaks Ln, #M Member ☐ Member Address: Charlotte, NC 28205 ■Authorized Authorized Person Person Other___ Other____ Other__ Other____ Name: Melissa Spitz Manager Manager Name: 285 Devaux Rd Member Address: Torrington, CT 06790 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 605.0203 (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. Up O. K. Signature of an authorized person

Typed or printed name of signee

Roger Parent

Office of the Secretary of the State of Connecticut

I. the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

DIGITAL POSITION, LLC

a domestic limited liability company, were filed in this office on May 19, 2014.

Articles of amendment for GRADIENTWAVE, LLC, changing its name to DIGITAL POSITION. LLC, were filed on September 07, 2016.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence. \Rightarrow

Secretary of the State

Menk

Date Issued: January 02, 2020

Business ID: 1143189 Standard Certificate Number: 2020001826001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov