

M2 0000008330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

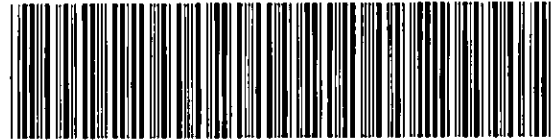
(Business Entity Name)

(Document Number)

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2020 SEP 23 PM 2:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 S 23 11:43

Spf  
9/24/20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 433612 8314491

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : September 22, 2020

ORDER TIME : 1:10 PM

ORDER NO. : 433612-005

CUSTOMER NO: 8314491

FOREIGN FILINGS

NAME: DIGITAL CLOUD VAULT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

2020-09-23 11:11:43

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:

Digital Cloud Vault LLC

1. \_\_\_\_\_  
(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.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8889 Pelican Bay Blvd. 6. 8889 Pelican Bay Blvd.  
(Street Address of Principal Office) (Mailing Address)

Suite 500 Suite 500

Naples, FL 34108 Naples, FL 34108

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) (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.

By: Amanda E. Robinson  
(Registered agent's signature)

Amanda Robinson  
Asst. Vice President

2020 9 23 11:13

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:  
☒ Manager                      Name: David G. Joyce  
☐ Member                      Address: 8889 Pelican Bay Blvd.  
☐ Authorized                      Suite 500  
Person                      Naples, FL 34108  
☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:  
☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person                      \_\_\_\_\_  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
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.817.155, F.S.

*Carolyn C. Pierce*

Signature of an authorized person

Carolyn C. Pierce, Authorized Representative

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGITAL CLOUD VAULT 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITAL CLOUD VAULT LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

2020 SEP 23 11:11:43



  
Jeffrey W. Bullock, Secretary of State

3686814 8300

SR# 20207415517

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203709466

Date: 09-22-20