

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Digital Gadgets Medical LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vicky Cohen
Name of Person

Digital Gadgets Medical LLC
Firm/Company

244 East 58th Street
Address

New York, NY 10022
City/State and Zip Code

vcohen@digitalgadgets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicky Cohen at (646) 597-4677
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2008-11-21 11:06:11

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

DG Medical 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. March 25, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 244 East 58th St.
(Street Address of Principal Office)

6. 244 East 58th St.
(Mailing Address)

New York, NY 10022

New York, NY 10022

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) Florida (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: Grace E. Kirby
(Registered agent's signature)

Grace E. Kirby, Assistant Vice President

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: Charles Tebele
☐ Member Address: 244 E58th St.
☐ Authorized NY, NY 10022
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Vicky Cohen
☐ Member Address: 244 E58th St.
☒ Authorized NY, NY 10022
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name: Mathieu Tebele
☐ Member Address: 244 E58th St.
☒ Authorized NY, NY 10022
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Daniela Marcolli
☐ Member Address: 138 Georges Road
☒ Authorized Dayton NJ 08810
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.

Vicky Cohen
Signature of an authorized person
Vicky Cohen
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that DIGITAL GADGETS MEDICAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/02/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2020 OCT -2 PM 6:44

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of October two
thousand and twenty.*

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2020

VICKY COHEN
244 E 58TH STREET
NEW YORK, NY 10022 US

SUBJECT: DIGITAL GADGETS MEDICAL LLC
Ref. Number: W20000112518

We have received your document for DIGITAL GADGETS MEDICAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 220A00018900

RECEIVED

NOV 02 2020