

M23000007112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

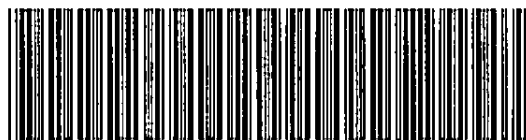
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Certificates of Status _____

Special Instructions to Filing Officer:

W22-840410

Office Use Only



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Received 04/25/22

04/25/22--01004--012 **130.00

2023 MAY 30 AM 9:11

RECEIVED
MAY 30 2023

SEP 03 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2023

STEPHANIE KRAMER
1914 E. EVERGREEN AVE.
SALT LAKE CITY, UT 84106

SUBJECT: DIGITEC INTERACTIVE, LLC
Ref. Number: W22000084040

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

You failed to make the correction(s) requested in our previous letter.

The certificate is still incorrect. I am enclosing an example of the correct certificate that is needed.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 223A00003985

RECEIVED
MAY 30 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Digitec Interactive, 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:

Stephanie Kramer

Name of Person

Digitec Interactive, LLC

Firm/Company

1914 E Evergreen Ave

Address

Salt Lake City, Utah 84106

City/State and Zip Code

steph@primed.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Kramer

801

647-2862

at (_____) _____

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

Letter of Consent to Use Business Name

7/19/2022

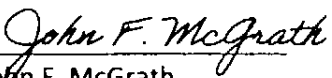
To Whom It May Concern,

Hello, I am writing to you on behalf of the company Digitec Interactive, LLC (FL document # L00000007557), as an authorized manager. We recently filed to dissolve our company, Digitec Interactive, LLC.

We request that you waive the standard 120-day waiting period and immediately release the name for re-use with the Foreign Limited Liability Company, Digitec Interactive, LLC (a Delaware company – FEIN: 88-1074461).

We have no intention of revoking the dissolution of the original company.

Regards,



John F. McGrath

Authorized Manager of Digitec Interactive, LLC

**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. Digitec Interactive, 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.")

2. Delaware 3. 88-1074461
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/16/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>6000 Metrowest Blvd</u> (Street Address of Principal Office)	6. <u>6000 Metrowest Blvd</u> (Mailing Address)
<u>Suite 200</u>	<u>Suite 200</u>
<u>Orlando, FL 32835</u>	<u>Orlando, FL 32835</u>

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

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301
(City) (Zip code)

2023 MAY 30 AM 9:11

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.

[Signature]
(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:**

☒ Manager Name: Kevin Primat

☐ Member Address: 2 Sweet Sky Rd

☐ Authorized West Lake Hills, TX 78746

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: John McGrath

☐ Member Address: 428 S Orlando Ave #4

☐ Authorized Cocoa Beach, FL 32931

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

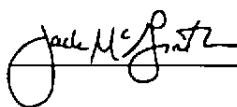
Person _____

☐ 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.



Signature of an authorized person

John McGrath

Typed or printed name of signee

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGITEC INTERACTIVE, 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 FIFTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITEC INTERACTIVE, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6659361 8300

SR# 20231004738

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

Authentication: 203037497

Date: 05-15-23