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2023 ACT 15 ATTHE LO

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Di U BJEC T:	gital United LLC			
	Namo	e of Limited Liability Co	ompany	
			tion to Transact Business in Florida," Certificate ed liability company to transact business in Flori	
lease return all	correspondence concerning this matter to	o the following:		
	Loye Kent Webb			
		Name of Person		
	Taylor English Duma LLP			
	Firm/Company			
	1600 Parkwood Circle, Suite 200			
Address				
	Atlanta, GA 30339			
	C	ity/State and Zip Code	 	
	kwebb@taylorenglish.com			
	E-mail address: (to be	used for future annual i	report notification)	
or further infor	mation concerning this matter, please cal			
Pamela B. Webb		770	790-4056 Daytime Telephone Number	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Mailing Address:		Street Address:		
_	ration Section	Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314			be Street. Suite 810	
		Tallahassee, Fl	32303	
Englose	ed is a check for the following amount:			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Digital United LLC			
(Name of Foreign	Limited Liability Company, must include "Limited Lia	ability Company," "E.L.C.," or "E.E.C.")	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida	The alternate name must include "Lunited Liabi	lity Company," "L.L.C," or "L1.C.")
Delaware 2.		3(FEI number,	
(Jurisdiction under the law of w	high foreign limited hability company is organized)	(FEI number,	if applicable)
01/01/2023			
	(Date first transacted business in Florida, if prior to regis (See sections 605,0904 & 605,0905, F.S. to determine po	tration) malty liability)	
525 S Flagler Dr 5.		6. (Mailing Address)	
Street Address of Principal Office)		(Mailing Address)	
Suite 300			
West Palm Beach, FL.	33401		.e. 2 (
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box <u>N</u> 0	OT acceptable)	Z3 AUS
Name:	Corporation Service Company		25 AA
Office Address:	1201 Hays Street		3 = 3 5 = 5
	Tallahassee (Leon County)	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.

Masgan Vorris	Maegan Norris - Assistant Secretary	
(Registered agent's signature)		

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Stan Valencis ■ Manager □Manager Name: 525 S Flagler Dr Address: __ □ Member □Member Address: Suite 300 □ Authorized □Authorized West Palm Beach, FL 33401 Person Person Other____ □Other____ □Other____ □Other_____ □ Manager Name: □Manager Name: ☐ Member Address: □Member Address: ☐ Authorized □Authorized Person Person □Other___ □Other_____ □Other____ Other____ Name: Name: □Manager □Manager □Member Address: ☐ Member Address: □ 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. ocelenty. Signature of an authorized person Loye Kent Webb, Attorney in Fact Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGITAL UNITED 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 SECOND DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITAL UNITED LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2021.

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

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

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SR# 20233151594

Date: 08-02-23

Authentication: 203882256