

MZ5000010117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

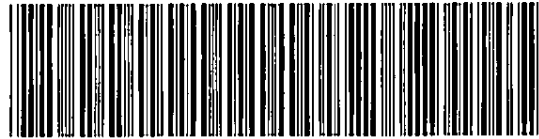
(Business Entity Name)

(Document Number)

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2025 JUL 17 PM 1:29
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2025 JUL 17 AM 10:16
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JUL 17 2025
K. Brumbley

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 07/17/2025
Acc#I20160000072

en: c DW

Name:	Digicel Ventures, LLC
Document #:	
Order #:	16431234

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 filing	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	withdrawal 1st - registration 2nd	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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	COGS: <input type="checkbox"/>	

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Document _____
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Updater _____
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Amount: \$ **125.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Digicel Ventures, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

Danielle.Stiebel@digicelgroup.com

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Digicel Ventures, 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," "LLC," or "L.C.")

Delaware

82-1875055

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI) number, if applicable)

upon filing

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

701 WATERFORD WAY Suite 450

(Street Address of Principal Office)

701 WATERFORD WAY Suite 450

(Mailing Address)

Miami, FL 33126

Miami, FL 33126

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

Florida

33324

(City)

(Zip code)

ADRIAN
AND
FILED

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: Laura R Broderick Laura R. Broderick, Assistant Secretary

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Holly Hughes-McNamara</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>701 WATERFORD WAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 450</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, FL 33126</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

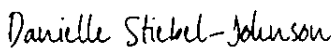
<input checked="" type="checkbox"/> Manager	Name: <u>Garth Wright</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Danielle Stiebel-Johnson</u>
<input type="checkbox"/> Member	Address: <u>701 WATERFORD WAY</u>	<input type="checkbox"/> Member	Address: <u>701 WATERFORD WAY</u>
<input type="checkbox"/> Authorized	<u>Suite 450</u>	<input type="checkbox"/> Authorized	<u>Suite 450</u>
Person	<u>Miami, FL 33126</u>	Person	<u>Miami, FL 33126</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Christophe Justens</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>701 WATERFORD WAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 450</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Miami, FL 33126</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 8BFCC83C8C9E494 Signature of an authorized person

Danielle Stiebel-Johnson

Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIGICEL VENTURES, 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 JULY, A.D. 2025.

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



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204200833

Date: 07-15-25

5590443 8300

SR# 20253367666

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