Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:					
	Division of Co	prporations			
	Fax Number	: (850)617-6383			
		, ,	. *	2,5	
From:			-; - ;	2025	
	Account Name	: CAPITOL SERVICES, INC.	. ,		
	Account Number	: 120160000017	- 1	ટીક	
	Phone	: (855)498-5500		4,7	
	Fax Number	: (800)472-0533	3.0	<u></u>	
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*Enter th	e email address	for this business entity to be used for fut	ure		\$ ~~a
		ngs. Enter only one email address please.**		بب	*-
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Foreign Limited Liability Company WGM ASSOCIATES LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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	COVER LETTER	H25000285638
	egistration Section ivision of Corporations	
SUBJECT	: WGM Associates LLC	
	Name of Limited Liability Company	
Existence,	ed "Application by Foreign Limited Liability Company for Authorization to Transact Busin and check are submitted to register the above referenced foreign limited liability company t	ess in Florida," Certificate of o transact business in Florida.
Please retu	m all correspondence concerning this matter to the following:	
	Name of Person	
	Capitol Services - Corporate Filings Team	
	Firm/Company	
	515 East Park Avenue 2nd Fl	2025 AUG 14
	Address	- E
	Tallahassee, FL 32301	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	<u>ျံးရှိ</u> ယ ှ
	•	m N
For further	information concerning this matter, please call:	
	Name of Contact Person Area Code Daytime Teleph	one Number
Dir Re P.C	AILING ADDRESS: vision of Corporations vision of Corporations gistration Section D. Box 6327 Clifton Building Registration Section	ons or Circle
		160.00 Filing Fee, Certificate f Status & Certified Copy

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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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WGM Associate	S LLC on Limited Liability Company, must include "Limit	THE BEN SHOWN			
(14mile of Foreign	or thinked theority Company, must needed think	ion calminy Co	mpany, Int.(., or "LLL.")		
(If more unavailable, enter alternate	name adopted for the purpose of transacting business in F	locida. The alterna	name must include "Limited Liability C	Company," "L.L.C."	`or"(L.C.")
₂ Arizona		_			
4 .	which foreign limited liability company is organized)	3	(FEI number, if a	pplicable)	
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.)		-	
	(294 SECTIONS 003.0504 & 003.0503, F.S. TO GEORES	nine penility natin	(y)		
	ale Road, Suite 325	6. <u>86</u>	01 N. Scottsdale Road (Malling Address)	d, Suite 32	<u>25</u>
·	, . ,		(.14 .15	2025
Scottsdale, AZ 8	35253	Sc	ottsdale, AZ 85253		<u> </u>
					(C)
		_			
7. Name and street addre	ess of Florida registered agent: (P.O. Box	x NOT acces	otable)	.,	
			· · · ·• ,		ည က က
N	Capitol Corporate Services, I	Inc		iri i	3
Name:	Capitor Corporato Corvices, 1		_		
Office Address:	515 East Park Avenue 2nd F	<u> </u>	<u></u>		
	-				
	Tallahassee (Chy)		, Florida 32301 (Zin code)	_	
Registered agent's acce	ntance:		(,		
Having been named as r	egistered agent and to accept service of	process for t	he above stated limited liabi	lity company	at the place
to comply with the provis	ation, I hereby accept the appointment a sions of all statutes relative to the proper				
and accept the obligation	ns of my position as registered agent	,			
	Jam Rand	f	Jason Prasad, As behalf of Capitol Cor		•
	(Registered agent's	signature)			

H25000285638

Title or Capacity:	Name and Address:	Title or Capacity;	Name: Gary Williams Address: 8601 N. Scottadale Rd., Ste			ress;	
Manager	Name: Digital Overwatch Technologies Inc.	Manager Manager					
Member	Address: 8601 N. Scottsdale Rd., Ste 325	☐ Member				., Ste 325	
Authorized	Scottsdale, AZ 85253	Authorized				AZ 85253	
Person		Person					
Other	Other	Other		Other_			
Manager	Name:	Manager	Name:	(f)	21:		
Member	Address:	Member	Address: _	SECRE	125 /	. <u> </u>	
Authorized		☐ Authorized		<u> </u>	_ _	• 8 • ~ ====	
Person		Person		<u> </u>		****	
Other	Other	Other		Other_	ე — დ	Arun 1	
☐Manager	Name:	Manager	Name:		₽,		
□Member	Address:	☐ Member	Address: _				
Authorized		Authorized		-			
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indexed individuals: 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	executed in accordance with section 605.0203 (nent to the Department of State constitutes a third	ida Department of State ily authenticated by the case in a foreign language, 1) (b), Florida Statutes.	Annual Reposition in a translation	oort form. ng custody of a of the certific hat any false in	records i	in the er oath	

Typed or printed name of signor

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

WGM ASSOCIATES LLC

ACC file number: L16543720

was incorporated under the laws of the State of Arizona on 01/24/2011, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 08/14/2025

Douglas R. Clark, Executive Director

Righ R. Clark

