

M 210000002314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

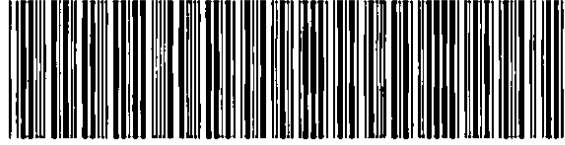
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400360827884

FILED

2021 FEB 26 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 FEB 26 PM 4:50

CS  
3/1/21

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 682639 4305340

AUTHORIZATION

COST LIMIT

*Lynell DeLeon*  
\$ 125.00

FILED  
2021 FEB 26 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

ORDER DATE : February 26, 2021

ORDER TIME : 12:36 PM

ORDER NO. : 682639-005

CUSTOMER NO: 4305340

FOREIGN FILINGS

NAME: DATA CUBED, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

**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. Data Cubed, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0945671  
(FEI number, if applicable)

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

5. 384 Bridge Street, 4th Floor  
(Street Address of Principal Office)  
Brooklyn, NY 11201

6. 384 Bridge Street, 4th Floor  
(Mailing Address)  
Brooklyn, NY 11201

FILED  
2021 FEB 26 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (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.*

Corporation Service Company  
By: *Sandra E. Holman*  
(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:**  Manager  Member  Authorized Person  Other

**Name and Address:**  
 Name: Datacubed Health, Inc.  
 Address: 384 Bridge Street, 4th Floor  
Brooklyn, NY 11201

**Title or Capacity:**  Manager  Member  Authorized Person  Other

**Name and Address:**  
 Name: Brett Kleger  
 Address: 384 Bridge Street, 4th Floor  
Brooklyn, NY 11201

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

FILED  
 2021 FEB 26 PM 4:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**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.

Brett Kleger  
 Signature of an authorized person

Brett Kleger  
 Typed or printed name of signee

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATA CUBED, 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATA CUBED, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2016.

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

FILED  
2021 FEB 26 PM 4:50  
SECRETARY OF STATE  
DELAWARE, DE



  
Jeffrey W. Bullock, Secretary of State

5935094 8300

SR# 20210675255

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202605819

Date: 02-26-21