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2025 JAN 29 PH 1: 28 SELADING OF STATE



COVER LETTER

	ration Section on of Corporations			
	The Digital Messaging Compa	any, Inc.		
SUBJECT.	Name o	f corporation	- must include suffix	
Dear Sir or Ma	ıdam:			
"Certificate of	'Application by Foreign Con Existence," or "Certificate and foreign corporation to tra	of Good Stand	ling" and check are sub	
Please return a	Il correspondence concernir	ng this matter	to the following:	
Abby Riegler				
		Name of F	erson	
Thorelli & Asso	ociates			
		Firm/Comp	pany	
70 W. Madison	St., Suite 5750			
		Addre	SS	
Chicago, IL 606	502			
		City/State an	d Zip code	
abby@thorelli.c				
	E-mail address:	(to be used for	or future annual report r	otification)
For further info	ormation concerning this ma	atter, please ca	ill:	
Abby Riegler	;	312	357-0300	
Name	of Person	Area Code	Daytime Telep	hone Number
Regist Division The Co 2415 N	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
	heck for the following amount of the payable to: FLORIDA DE ag Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")		,	
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting	ng business in Florida)	
2. Delaware	3	93-3349636		
(State or count 08/31/2023	3			
4. (Date of incorporation) 5. (Date		(Date of duration, if other	than perpetual)	
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2. F.S., to determine penalty liabil	ity)	
7. W. Madison	St., Suite 5750, Chicago, IL 60602			
	(Principal offic	e street address)		
			S S	
	(Current mailing	address, if different)	5	=3A
8. Name and stre	(Current mailing et address of Florida registered agent: (P.O.	ŕ	5 JAN 29	
8. Name and stre		ŕ	29	
Name:	et address of Florida registered agent: (P.O.	ŕ	29 PN 1:	
	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box <u>NOT</u> acceptable)	29 PM	
Name:	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	ŕ	29 PN 1:	
Name: Office Address: 9. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street	Box NOT acceptable) , Florida 32301 (Zip code) e of process for the above states ent as registered agent and agrilative to the proper and comple	d corporation at the page to act in this capaci	lace

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□Chairman	Name: Neil Gabbie	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 70 W. Madison St.	
□Director	London, England, N3 1DE	Director	Suite 5750	
■ President	United Kingdom	□President	Chicago, IL 60602	
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary	□Treasurer	
□Other	Other	Other	Other	
□Chairman □Vice Chairman	Name: lan Gabbie Address: 375 Regents Park Road	□Chairman	Name:	
Director	London, England, N3 1DE	□Director		
□President	United Kingdom	□President		
□Vice President		□Vice President		
Secretary	■ Treasurer	Secretary	☐Treasurer	
□Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name: 202	
_	Address.		Property No.	
☐ Director ☐ President		□ Director □ President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary	□Treasurer	
□Other	Other	□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. 12. Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Thomas H. Thorelli - Secretary				
, inomas H. I	rnorem - Secretary			

Page 1

Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "THE DIGITAL MESSAGING COMPANY,
INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE
AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF
JANUARY, A.D. 2025.

Kitstopher E. Kright, Acting Secretary of State
Authentication: 202757787

Date: 01-23-25

7653149 8300 SR# 20250222157

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

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: The Digital Messaging Com	pany, Inc.		
2020		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Collicate of Existence," or "Certificate referenced foreign corporation to t	of Good Stan	ding" and check are submi	
Please	return all correspondence concern	ing this matter	to the following:	
Abby F	Riegler			
	-	Name of I	Person	
Thorell	i & Associates			
		Firm/Com	pany	
70 W. I	Madison St., Suite 5750			
		Addre	SS	
Chicag	o, IL 60602			
		City/State ar	nd Zip code	
abby@	thorelli.com			
	E-mail address	s: (to be used for	or future annual report not	ification)
For fur	ther information concerning this n	natter, please c	all:	
Abby F	Riegler	at (312	357-0300	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please i	ed is a check for the following ammake check payable to: FLORIDA D .00 Filing Fee	EPARTMENT ng Fee &		 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name	Messaging Company, Inc. of corporation; must include "INCORPORATEL." "Corp." "Inc." "Co." or "Corp.")	O," "COMPANY," "CORPORATIO	N."
(If name un	available in Florida, enter alternate corporate nam		
Delaware	3	93-3349636	
2. Delaware 3. 93-3349636 (State or country under the law of which it is incorporated) (FEI number, if applicable)			pplicable)
4. 08/31/2023			
(Date of incorporation)	(Date of duration, if other	than perpetual)
5.			
5	(Date first transacted business	in Florida, if prior to registration)	Pers
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	lity)
	son St., Suite 5750, Chicago, IL 60602		lity)
	son St., Suite 5750, Chicago, IL 60602	in Florida, if prior to registration) 1502, F.S., to determine penalty liabil flice street address)	
	son St., Suite 5750, Chicago, IL 60602 (Principal of	flice <u>street</u> address)	
	son St., Suite 5750, Chicago, IL 60602 (Principal of		
7 7	son St., Suite 5750, Chicago, IL 60602 (Principal of	flice street address) ing address, if different)	2025 JAN
7. 70 W. Madi	son St., Suite 5750, Chicago, IL 60602 (Principal of (Current mail) street address of Florida registered agent: (P.	flice street address) ing address, if different)	2025 JAN 29
7 7	(Current mail street address of Florida registered agent: (P. Corporation Service Company	flice street address) ing address, if different)	2025 JAN 29
7. 70 W. Madi	(Current mail street address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street	flice street address) ing address, if different)	2025 JAN 29
7. 70 W. Madi	(Current mail street address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street Tallabassas	flice street address) ing address, if different)	2025 JAN

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□ Chairman	Name:	□Chairman	Name:	H. Thorelli
□Viœ Chairman	Address: 375 Regents Park Road	□Vice Chairman	Address: 70 W	. Madison St.
□Director	London, England, N3 1DE	□Director	Suite 5750	
President	United Kingdom	□President	Chicago, IL 60	602
□Vice President		□Vice President		
□ Secretary	□Treasurer	■ Secretary		□Treasurer
□Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 375 Regents Park Road	□Vice Chairman		
Director	London, England, N3 1DE	Director		
□President	United Kingdom	□President		
□Vice President		□Vice President		
☐ Secretary	■ Treasurer	□Secretary		□Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	2025 .
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		i netro
□President		□President		
□Viœ President		□Vice President		72 72 72 72 73 72
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□ Other
individuals may be	Use an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen	t of State Annual Re	eport form.	
	Signature of Director or	Officer		
	stor signing this document (and who is listed in number lise information submitted in a document to the Department to the Department to the Department (and who is listed in number listed in a document to the Department (and who is listed in number listed in num			
13. Thomas H. Thorelli - Secretary				

Page 1

Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "THE DIGITAL MESSAGING COMPANY,
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AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF
JANUARY, A.D. 2025.

Kristopher E. Knight, Acting Secretary of State

Authentication: 202757787

Date: 01-23-25