

W04000040651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

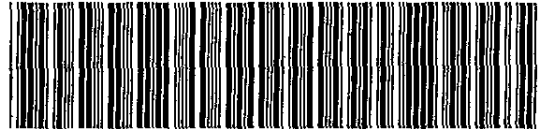
(Business Entity Name)

(Document Number)

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FLORIDA

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W04-40651  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIGITAL MARVEL, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES WILLIAMS  
(Name of Person)

DIGITAL MARVEL, LLC  
(Firm/Company)

4514 HORSESHOE PICK LN  
(Address)

VALRICO, FL 33594-9305  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES WILLIAMS at ( 813 ) 662-6787  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 14 PM 2:08

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DIGITAL MARVEL, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4514 HORSESHOE PICK LN

VALRICO, FL 33594-9305

**Mailing Address:**

4514 HORSESHOE PICK LN

VALRICO, FL 33594-9305

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

JAMES WILLIAMS

Name

4514 HORSESHOE PICK LN

Florida street address (P.O. Box **NOT** acceptable)

VALRICO, FL 33594-9305

FLORIDA

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JAMES WILLIAMS 4514 HORSESHOE PICK LN VALRICO, FL 33594-9305

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES WILLIAMS  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
~~\$ 30.00 Certified Copy (Optional)~~  
~~\$ 5.00 Certificate of Status (Optional)~~