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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

JUN 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NECMES Name of Limit	DIGITAL LLC ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DAUID.	Name of Person
	Name of Person DIGITAL LLC Firm/Company
744 S RO	SSITER ST, MOUNT DOLG
FLOFII	SA 32757 最高产
davidael	ity/State and Zip Code Imes@live.co.uk For future annual report notification) For future annual report notification)
E-mail address: (to be used For further information concerning this matter, pleas	9.F -
DAVID NELMES Name of Person	at (407) 401 9880 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
NELMES DIGITAL LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "Ll.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
744 S ROSSITER ST MOUNT DORA FLORIDA 32757 FLORIDA 32757
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Effective Date 07/10/09
DAVID NELMES
744 S LOSSITER ST Florida street address (P.O. Box NOT acceptable) Mart Dold FL 32757 City, State, and Zip
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, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

		Page 1 of 2	\$ 5 G
	Manager(s) or Man Idress of each Manag	naging Member(s): ger or Managing Member is as follows:	WAZZ
Title: "MGR" = Manaş "MGRM" = Mar		Name and Address:	OS JUN 22 PA C. FLOR
MGR	—	DAVID NEZMES 744 S ROSSITER ST MOUNT DORA, FL 327	
	_		
(Use attachment	if necessary)		
	sted, the date must b	e date of filing: 10 July 2009 be specific and cannot be more than five	. (OPTIONAL) business days prior
LE V: Effective ffective date is list days after the days	ate of filing.)		
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ffective date is lis days after the d	GNATURE:	Neluce er or an authorized representative of a membe	 r.
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ffective date is lis days after the d	GNATURE: Signature of a member of this document constitute the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjurein are true.)	
ffective date is lis days after the d	GNATURE: Signature of a member of this document consthat the facts stated he Ty	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perju	

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)