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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: atyberg@carenetworkhealth.com

# FLORIDA LIMITED LIABILITY CO. BSDDIGITALVENTURES LLC

Certificate of Status	(1
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02/20/2023 15:09 From:17184082550 To:18506176381 Date Time 02/20/23 03:09PM Pages: 3 P: 2/3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### BSDDIGITALVENTURES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")

#### ARTICLE H - Address:

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

Principal Office Address:	<u>Mailing Address</u> :					
620 NE 175th Street	620 NF 175th Street					
North Miami Beach, FL 33162	North Miami Beach, FL 33162					

## 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:

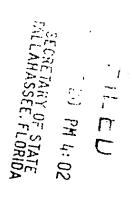
Leo Oberlander	Name	
Z 200 2/17 3 7 7 7 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
620 NE 175th Street	D () () N(A)T	
Florida street address (	Р.О. Вох <u>ХОТ</u> а	reeptable)
North Miami Beach	FL.	33162
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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 didies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

/s/ Leo Oberlander	
Registered Agent's Signature (REQUIRED)	

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	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:											
	Title:  "AMBR" = Authorized Member  "MGR" = Manager											
					620 N		Street	L 33162				
	MGR	<del></del>			620 N	berland E 175th Miann	Street	1, 33462				
	AMBR				711 R	Salzīna cads Lai ockaway		691				
	<del></del> -											
	(Use attac	thment if necessary)	ľ									
(If an e the dat <u>Note:</u> the doc	ffective dat e of filing.) If the date a rument's eff	ective date, if other the is listed, the date inserted in this block certive date on the E	must bo c does n Departm	e specific an not meet the	<b>d санво</b> applicab	t be mor le statute	e than fi	ve business	days prior (	to or 90 di		
ARTIC	LEVI: Oth	er provisions, if any,	· 									
	REOUR	ED SIGNATURE:										
		/s/ Leo Ob	erland	der								
		Signati This docume I am aware the constitutes a	nt is ex nat any	false informa	cordance ation sub	r with se mitted in	ction 60: 1 a docur	5.0203 (1) (b neut to the F	u. Florida S	tatutes. of State		
		Leo O	berland									
				Lyped	t or print	ed name	of signe	Ċ				
					<u>Filing F</u>	eest						

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)