## L000000010303

NOTAS, LCC Requester's Name

7712 Hidden Ivey Ct

Orlando, FC 32819 City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1.			<u>-07/26/0001</u> 038012
	(Corporation Name)	(Document #)	****125.00 ****125.00
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4	(Corporation Name)	(Document #)	. <i>.</i>
	☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certified Copy 8
<u>1</u> [	NEW FILINGS  Profit	AMENDMENTS  Amendment	FILED TARY OF STATE A., Officer/Directoring
Name Availability  Document Examiner	Not for Profit Limited Liability Domestication Other	Resignation of R.A. Change of Register Dissolution/Withdom Merger	red Agent
	OTHER-FILINGS	REGISTRATION/QU	ALIFICATION
Updater ( Verifye <b>r</b> [	Annual Report Fictinous Name	Foreign Limited Partnershi	p O signosure
Acknowledgement DCC		Reinstatement Trademark	
W. P. Verifye	r DUC	Other	

Examiner's Initials

CR2E031(7/97)

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August 2, 2000

UDIGS, LLC 7712 HIDDEN IVEY CT ORLANDO, FL 32819

SUBJECT: UDIGS, LLC

Ref. Number: W00000019177

We have received your document for UDIGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Letter Number: 700A00041925

Diane Cushing Corporate Specialist

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

ARTICLE I - Name: The name of the Limited Liability Company is: UDIGS, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:

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

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

Name
7712 HIDDENIVEY CT.

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

RLAND - FL 32819

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..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)	語
The Limited Liability Company is to be managed by one manager or more managers at	næis,
therefore, a manager - managed company.	

(An additional article must be added if an effective date is requested)

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.)

Jimmy HSufH
Typed or printed name of signee

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)