020000/1789 119 ****125.00 ****125.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> ☐ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership

Reinstatement
Trademark
Other

CR2E031(7/97)

Examiner's Initials

U02-123/8 J. BRYAN APR 3 U 2002 J. BRYAN MAY 1 5 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 30, 2002

LISA DOTY 250 WILSHIRE BLVD., STE. 119 CASSELBERRY, FL 32707

SUBJECT: DIGIVOICE SYSTEMS LLC

Ref. Number: W02000012318

We have received your document for DIGIVOICE SYSTEMS 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 the original and one copy of 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) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 802A00026562

SING MAY 14 ED SALIANS CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Digivoice systems LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
250 Wilshire Blud suitella Casselberry, FL 32707	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
The name and the Florida street address of the registered agent are: Lisa Doty Name 250 Wilshire Blud Suite 119	2
250 Wilshire Blud Suite 119 Florida street address (P.O. Box NOT acceptable)	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Casselberry FL 32707 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. Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,	
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.)	

Filing Fees:

Typed or printed name of signee

\$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)