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ASERART STUDI 219 Keel Way • Osprey,	OS, LLC - FL 34229 IE	Office Use Only  ER(S), (if known):  600007202706
2(Corporation Name)		-09/03/0201002015 *****25.00 *****25.00
3. (Corporation Name)  (Corporation Name)		iment#)  SECULED  WE 30 PM  Iment#)
Walk in Pick up to Will wait		Certified Copy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Change of	
OTHER FILINGS  Annual Report Fictitious Name	☐ Foreign	
CD2E021(7/07)		Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 21, 2002

ERIC W. MCGREW LASERART STUDIOS, LLC 219 KEEL WAY OSPREY, FL 34229

SUBJECT: DIGITAL DIRECT NETWORK, LLC

Ref. Number: W02000024264

We have received your document for DIGITAL DIRECT NETWORK, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have also RETAINED your \$100.00 payment.

In addition to the \$100.00 filing fee, you must also pay a required \$25.00 Registered Agent designation fee.

Please send an additional \$25.00.

A return-evelope is enclosed.,

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) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 702A00049140

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Company is:  Digital Direct	Vetwork,	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Cor	mpany is:
219 Keel Way - OSA	<del>-</del>	
ARTICLE III - Registered Agent, Registered Office, & Register	ed Agent's Signatur	·e:
The name and the Florida street address of the registered agent are:		g 8
Eric W. Ms.	Grew E	TILEU NIII 30 P
Eric W. M. S.  Name  219 Keel We  Florida street address (P.O. Box NOT accept	ay []	MUG 30 PM 3: 50
Osprey FL 3 City, State, and Zip	24229	RIDA RIDA
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I hereby registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my dutie accept the obligations of my position as registered agent as provided Registered Agent's Signature	accept the appointme comply with the proves, and I am familiar value for in Chapter 608, I	ent as isions of all with and
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager - managed company.	ager or more manager	rs and is,
(An additional article must be added if an effective	e date is requested)	
Signature of a member or an authorized representat		
(In accordance with section 608.408(3), Florida Statut of this document constitutes an affirmation under the p that the facts stated herein are true.)		
Eric W. $\mathcal{M}^{\varsigma}$ Typed or printed name of signee	Trew	• .
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)