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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221 Phone : (631)224-9004

Fax Number : (631)224-7979

LIMITED LIABILITY COMPANY

Digitalshape, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME:

The name of the Limited Liability Company is:

DigitalShape, LLC

ARTICLE IL: ADDRESS:

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

885 NW 111 Ave, Plantation, FL 33324

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

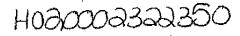
The name and Florida street address of the registered agent are:

Lior Kanor 885 NW 111 Ave. Plantation, FL 33324

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

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ARTICLE IV: MANAGEMENT (Check if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V: The initial member(s) of the Limited Limbility Company is/are as follows:

Lior Kanor 885 NW 111 Ave, Plantation, FL 33324

Lior Kanor, 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.)

Lior Kanor, Member

DIVISION OF CORPORATION
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