

# LD20000032132

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

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**LIMITED LIABILITY COMPANY**

Digitalshape, LLC

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

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

**ARTICLE I: NAME:**

The name of the Limited Liability Company is:

DigitalShape, LLC

**ARTICLE II: 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

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*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..*

*Lkanor*

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 Liability 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

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