103000025758

		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-LIP	☐ WAIT	MAIL
	L_1 ··/·"	[
(Bu	siness Entity Nam	e)
(Do	cument Number)	
		-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ì
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	Office Use Only	



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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	=-	<u>-</u> :	,	
SUBJ		ed Liability Company)			
The en	nclosed Articles of Organization and fee	e(s) are submitted for filing.			
Please	return all correspondence concerning th	his matter_to the following:		•	
	JEFF GIOEN (Name of Person) DATAMOD LLC		-	SEUNE JARY OF STAN	03 JUL 11 PH 12:13
	(Firm/Company)		•		C.O
CI	Cloudland STREF (Address) LARWATER, FL 337 (City/State and Zip Code)	T Suite 950		•	
For fu	rther information concerning this matter	, please call:		•	
	(Name of Person)	at (727) 724-34 (Area Code & Daytime Telephon	HJH ne Numbe	<u>r)</u>	
Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4		,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
DATA MOD, LLC	-				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal off	ice of the Limite	ed Liability Co	mpany	is:
Principal Office Address:	<u>v</u>	Mailing Address	<u>s:</u>		
601 CHUETAND STREET SUITE 950		GOI CIFT	IELAND 150	ST	 ;
CIFARWATER, FI 33755	<u>=</u>	CITARWA.	DER IFL	_331	155
ARTICLE III - Registered Agent, Registered	Office, &	Registered Ag	ent's Signatur		
The name and the Florida street address of the re	gistered a	igent are:	1]	
IRACY BRIT	CH_		SSI		-
Name		_ *1	M _E	P	fil
GDI CLEVELONI	2 3	I Suta	, <i>45</i> 0 골습	্য	
Florida street address (P.O.	Box NOT	acceptable)	高温	$\frac{1}{\omega}$	
Charwatel	FL .	33755	5		
City, State, an	d Zip		·		
Having been named as registered agent and to acliability company at the place designated in this caregistered agent and agree to act in this capacity.	ertificate, I <u>f</u> urther	I hereby accept i agree to comply	the appointmen with the provis	t as ions of c	
statutes relating to the proper and complete perfor	rmance of	' my duties, and I	am familiar wi	tn and	

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
"MGR"	JEFF GIDEN GOI CLEVILIONS STREET SU. 9 Clearwater, FL 33765	7,50
		, .
•	Dico.	
<u> </u>	03 Ju	77
•	DT.	
(Use attachment if necessary)		7
NOTE: An additional article mus	st be added if an effective date is requested 🚍 🧖 🕻	
REQUIRED SIGNATURE:		
Signature of a men	nber or an authorized representative of a member.	
	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury	

Filing Fees:

Typed or printed name of signee

that the facts stated herein are true.)

\$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)