L04000055928

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200039117712

07/26/04--01018--006 **160.00

SIVISION OF CORPORATIONS

07/2:

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJECT: DIGITAL CRAFT, LLC		
	(Name of Limited Liability Company)	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	JOHN TROY	•
	(Name of Person)	5
		0-20
	DIGITAL CRAFT, LLC	Sico
		JUL 26
	(Firm/Company)	
		क द्वारी
	6900 N.W. 6th COURT	PN 2:50
(Address)		35
	(る。京
		の
	PLANTATION, FLORIDA 33317	O 55
	(City/State and Zip Code)	,
For fu	rther information concerning this matter, please call:	
	TTROY 954) 777-5040	
JOHN	at	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DIGI	TAL CRAFT, LLC
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
6900 N.W. 6th COURT	6900 N.W. 6th COURT
PLANTATION, FLORIDA 33317	PLANTATION, FLORIDA 33317
	04.
ARTICLE III - Registered Agent, Registe The name and the Florida street address of th	red Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registe The name and the Florida street address of the	PLANTATION, FLORIDA 33317 Pred Office, & Registered Agent's Signature: the registered agent are:
Na 6900 N.W. 6	me

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	TOWN THOU		
MGRM	JOHN TROY		
	6900 N.W. 6th COURT		
	PLANTATION, FLORIDA 33317		
	<u> </u>		
	,		
	σ		
(Use attachment if necessary)	. 30 . 30		
	e added if an effective date is requested.		
REQUIRED SIGNATURE:			
Signature of a member or an a	authorized representative of a member.		
of this document constitutes an	(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.)		
JOHN TE	ROY		
	rinted 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)