

L 05000071321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07/20/05

EFFECTIVE DATE

7/11/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samdigzz Entertainment, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

Samuel A. Rodriguez
1936 Robinhood Court
Maitland, FL 32751

For Further information concerning this matter, please call: Samuel Rodriguez at (407) 902-5038.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

SAMDIGZZ ENTERTAINMENT, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: Samdigzz Entertainment, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1936 Robinhood Court, Maitland, FL 32751.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

Samuel A. Rodriguez

1936 Robinhood Court
Maitland, FL 32751

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.


Samuel A. Rodriguez

EFFECTIVE DATE

7/11/05

FILED
JUL 13 PM 1:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

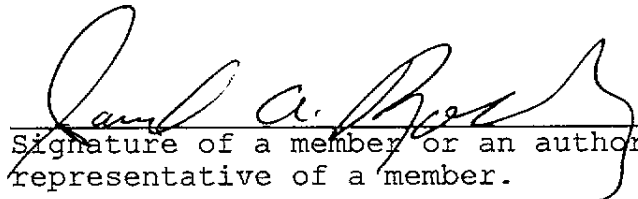
ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Samuel A. Rodriguez 1936 Robinhood Court Maitland, FL 32751

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be July 11, 2005.



Signature of a member or an authorized
representative of a 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.)

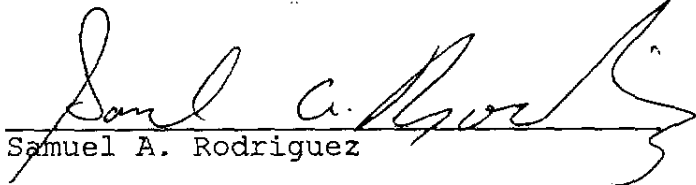
Samuel A. Rodriguez

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

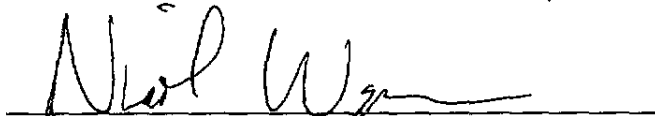
IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 11th day of July 2005.


Samuel A. Rodriguez

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

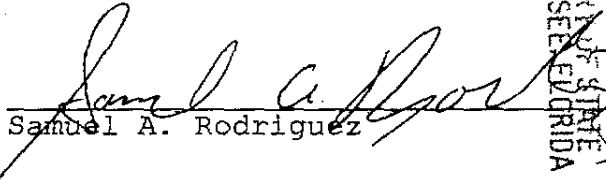
The foregoing instrument was acknowledged before me this 11th day of July 2005, by Samuel Rodriguez, who is personally known to me or who has produced driver's license #R362-781-70-064-0 as identification and who did take an oath.




Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.


Samuel A. Rodriguez

DATE: July 11, 2005

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JUL 13 PM 1:47
CLERK OF STATE
TALLAHASSEE FLORIDA