

L05000091696

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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L05-91696

RECEIVED
05 SEP 16 AM 9:51
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

digisco, l.l.c.

FILED
05 SEP 16 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: DIGISCO, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the limited Liability Company is 1900 West Commercial Boulevard, Fort Lauderdale, Florida 33309.

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

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

LARRY J. BEHAR, P.A.
888 Southeast Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

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..

[Signature]
Larry J. Behar, Registered Agent

ARTICLE IV: MANAGEMENT (Check box if applicable)

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

(An additional article must be added if an effective date is requested).

[Signature]
Aime Wirth, Manager - 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.)

AIME WIRTH
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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