W6000069477

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900076922899

07/13/06--01015--022 **130.00







COVER LETTER

Registration Section

TO:

Division of Co	rporations			
SUBJECT:	Bon Dot?	Digital, Li	LC	
	(Name of Limite	ed Liability Company)		
,				
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	BONNY DOT	son Allen		
	BON Dot	Son Allen (Name of Person) Digital)		
		(Firm/Company)		
	•	(ram/company)		
43	SAWGRASS	DRIVE	ALL ALL	8
		(Address)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	
CR	AWFORD VILL	E FL 323 /State and Zip Code)	327 ASSET	- ω T
•	, (City	/State and Zip Code)	77	PH 12: 4-8
	•		SE	7. F
For further information	concerning this matter, please	call:	5	ri co
	11/	600 00	1 - 2711	
PONNY	of Parama	at (850) 92 (Area Code & Daytime	6-116)
(Name	of reison)	(Area Code & Daytime	retepnone Number)	
Enclosed is a check for	or the following amount:			
p \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
·	Mailing Address	Street/Courier Addr	ess ess	

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\mathbf{A}	RT	IC	LE	1.	N:	ame:
--------------	----	----	----	----	----	------

The name of the Limited Liability Company is:

BON Dot Digital, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")

ARTICLE II - Address:

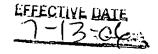
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
43 SAWGROSS Drive Crawford vill, FL	SAME
32327	22 =
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Bonny D	A/len
• 1101110	ress (P.O. Box <u>NOT</u> acceptable)
Crawford i/le City, State, at	FL 32327 nd Zip
liability company at the place designated in the registered agent and agree to act in this capaci	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a 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..

(CONTINUED)

Page 1 of 2



	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:					
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: OWNER IS MANAGER TO THE T				
	MGRM	BONNY DOTSON Allen 43 SAWGROSS Drive Crawford Wille, FL 32327				
	(Use attachment if necessary)					
(If an	CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.)	t date of filing: 7/13/06. (OPTIONAL) t be specific and cannot be more than five business days				
	REQUIRED SIGNATURE:					
		Mlle				
	Signatu e of a membe	r or an authorized representative of a member.				
		ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.) **Pofson** Allen**				
	Tyl	ped or printed name of signee				

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)