

LO7000041284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

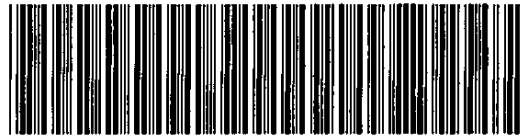
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-18
Clerk

GERALD E. COWEN

ATTORNEY AT LAW

2432 HOLLYWOOD BOULEVARD

HOLLYWOOD, FLORIDA 33020

(954) 921-5110

FAX (954) 921-1713

April 11, 2007

Secretary of State
Registration Section
Division of Corporations
409 E. Gains Street
Tallahassee, FL 32399

Re: DIGS Enterprises, LLC

Gentlemen:

Enclosed herewith please find an original and one (1) copy of the Articles of Organization for the above limited liability company. Also, please find enclosed my trust account check for \$130.00; representing payment of the following: \$100.00-filing fee; \$25.00-designation of Registered Agent, and \$5.00-Certificate of Status form, for a total of \$130.00.

Upon filing the company, please forward the clocked in copy of the filed Articles and Certificate of Status to my offices.

Your prompt attention to the foregoing is appreciated.

Very truly yours,


GERALD E. COWEN, ESQ.

GEC/kh

Enclosures-check

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR**

DIGS Enterprises, LLC

ARTICLE I - Name

The name of the Limited Liability Company is:

DIGS Enterprises, LLC

ARTICLE II - Address

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

**8422 N. Lake Forest Drive
Davie, FL 33328**

**ARTICLE III - Registered Agent, Registered Office, &
Registered Agent's Signature:**

The name and the Florida street address of the Registered Agent are:

**DOMNICA HORVATH
8422 N. Lake Forest Drive
Davie, FL 33328**

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.


DOMNICA HORVATH
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - Manager(s) or Managing Member(s)

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

Title:

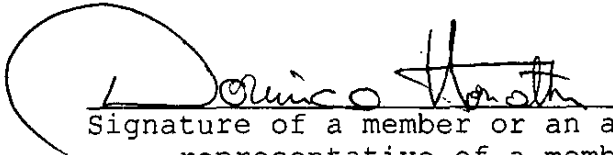
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DOMNICA HORVATH
8422 N. Lake Forest Drive
Davie, FL 33328



Signature of a member or an authorized
representative of a member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

DOMNICA HORVATH

Typed or printed name of signee

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FOR**

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DOMNICA HORVATH

Registered Agent's Signature

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TALLAHASSEE FLORIDA

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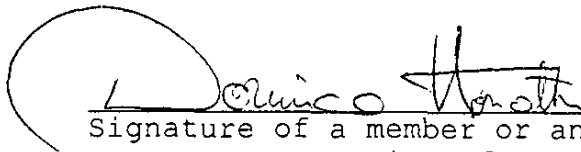
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"MGRM" = Managing Member

Name and Address:

MGRM

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8422 N. Lake Forest Drive
Davie, FL 33328



Signature of a member or an authorized
representative of a member

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Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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