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COVER LETTER

, Division of C			
, SUBJECT:	Digital I	Empire Networks LLC	
, Soldie .		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Saul Waizer	
		Name of Person	
	Digital E	mpire Networks LLC	
		Firm/Company	7 S
	398 E. Da	ania Beach Blvd #133	ECA SU
<u> </u>		Address	25
	Dania	a Beach, FL 33004	2009 JUN 17 PM 12: 12 SECRETARY OF STATE TALLAHASSEE FLORID
		ty/State and Zip Code	To R
	s@es	tablishedlatinos.com	<u> </u>
	E-mail address: (to be used	for future annual report notification)	P
For further information	concerning this matter, pleas	e call:	
		at (
Name	of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check f	for the following amount:		
₹ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Digital Empire (Must end with the words "Limited I	Networks LLC Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
398 E. Dania Beach Blvd #133 Dania Beach, FL 33004	398 E. Dania Beach Blvd #133 Dania Beach, Fl. 33004	
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t Saul No. 398 E. Dania Florida street address (Dania Beach, FL 330 City, Sta Having been named as registered agent and	Beach Blvd #133 (P.O. Box NOT acceptable) O04 FL ate, and Zip ARE TARY OF STATE ORD STATE To accept service of process for the above stated limited	
registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	I in this certificate, I hereby accept the appointment as facity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	
Registered Agent's Si	ignature (REQUIRED)	

(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:

"MGRM" = Managing Membe	Name and Address:
MGR	Saul Waizer
	ZONO JUN 17 SEGRETARS TALLAMASS
	7 PM 12: 12 SSEE FLORID
• 	
(Use attachment if necessary)	
n effective date is listed, the date n	nan the date of filing: 6/10/2009. (OPTIONAL) nust be specific and cannot be more than five business days prior
ICLE V: Effective date, if other the leftective date is listed, the date in	
ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)	
ICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE:	
PICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a container of this document.	nust be specific and cannot be more than five business days prior
PICLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a container of this document.	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of periory

s or Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)