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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C		
SUBJECT:	Treasure	Coast Digital, Etc.,LLC.
	Name of Limit	ited Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this mat	tter to the following:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ros	seMarie DeMarco
		Name of Person
	Treasure (Coast Digital, Etc.,LLC.
		Firm/Company
	5125	5 Southwind Trail
		Address
	Fort	t Pierce, FL 34951
		ity/State and Zip Code
	TCDig	gitalEtcLLC@me.com
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	se call:
	arie DeMarco	at (772) 460-6113
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check t	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	mited Liability Company is:	
(Mu	Treasure Coast Digit st end with the words "Limited Liabilit	
ARTICLE II - Add The mailing address		ncipal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
5125 Southwind Trail		5125 Southwind Trail
Fort Pierce	, FL 34951	
(The Limited Liability Co		Office, & Registered Agent's Signature:
The name and the F	Florida street address of the re	egistered agent are:
Charles Ralph DeMarco, Jr.		DeMarco, Jr.
	5125 Southw Florida street address (P.O.	rind Irail
	Fort Pierce, FL 34951 City, State, an	_FL d Zip

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..

Registered Agent's Signature (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:

<u>Title:</u> "MGR" = Manag		Name and Address:			
"MGRM" = Man	eging Member	RoseMarie DeMarco			
	_				
	_				
	_			,	
(Use attachment i	-,				
	ed, the date must be sp	e of filing: 09/24/2009 recific and cannot be more than		,	ior
REQUIRED SIG	Morehun	an authorized representative of a m	SECRETA TALLAHAS	09 SEP 30	"T]
	(In accordance with section of this document constitute that the facts stated herein	a 608.408(3), Florida Statutes, the exercises an affirmation under the penalties of are true.)	cution E		ED
Filing Face		seMarie DeMarco or printed name of signee	RIDA	20	

Tring I cos.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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