

L100000041528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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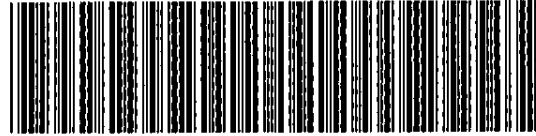
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/19/10--01007--021 **155.00

RECEIVED
10 APR 19 PM 1:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 19 2010

EXAMINER

FILED
10 APR 19 PM 2:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 19 PM 2:47

CONTACT: ASHLEY SMITH

DATE: 04/19/2010

REF. #: 000380.123374

CORP. NAME: DIGITAL COMPASS MARKETING, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 534549 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DIGITAL COMPASS MARKETING, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 19 PM 2:47

ARTICLE I. NAME

The name of the limited liability company is Digital Compass Marketing, LLC (the "Limited Liability Company").

ARTICLE II. ADDRESS

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

Principal Office Address

45 West River Road
Rumson, NJ 07760

Mailing Address

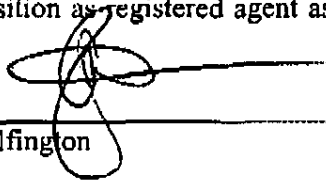
45 West River Road
Rumson, NJ 07760

ARTICLE III.

**REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT SIGNATURE**

The name and Florida street address of the registered agent of the Limited Liability Company are Sean Wolfington, 510 S. Mashta Drive, Key Biscayne, FL 33149.

Having been named as registered agent and to accept service of process for the 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 of the Florida Statutes.



Sean Wolfington

Date: April 16, 2010

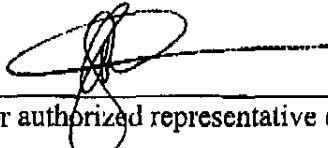
ARTICLE IV – MANAGERS

The name and address of each Manager of the Limited Liability Company are as follows:

Brian Pasch
45 West River Road
Rumson, NJ 07760

Sean Wolfington
510 S. Mashta Drive
Key Biscayne, FL 33149

C. David Boice
22713 Commerce Center Ct.
Suite 160
Dulles, VA 20166



Signature of a member or authorized representative of a member

Printed Name: Sean Wolfington, Member

Date: April 16, 2010

(In accordance with Section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)