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(Re	equestor's Name)	
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PłCK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special instructions to	Filing Officer:	

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SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

Divi	ision of Corporations				
SUBJECT:	INSPIRE	DESIRE	DIGITAL	INTERACTIV	E GROUP
		Name of Limite	ed Liability Compa	ıny	
The enclosed	Articles of Organization	and fee(s) are s	submitted for filing	g .	
Please return	all correspondence conc	erning this matte	er to the following	<i>:</i>	
		151	D / A	(
		JEA	N D - CA Name of Person	(LLARI)	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	D '. 0	r Box	494 884		
			Address		
	PORT	CHARLO	TTE, FL	33949	
		·	•		
	TAIGE E-mail add	AP O YA	HOD - COM or future annual repo	ort notification)	· · · · · · · · · · · · · · · · · · ·
For further in	formation concerning th	is matter, please	call:		
JEAN	D. GAILLART Name of Person	.	at (94(421-6062	
	Name of Person		Area Code	& Daytime Telephone Nu	mber
Enclosed is	a check for the follow	ing amount:			
\$125.00 Filin	ng Fee \$130.00 F Certifica	iling Fee & te of Status	Certified Co	y is enclosed) Certif	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	P.O. Box 6	n Section f Corporations	Registrati Division Clifton B 2661 Exc	ourier Address on Section of Corporations duilding ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ГΙ	C	LE	I	- N	Ĭя	m	a	

The name of the Limited Liability Company is:

Inspire Desire Digital Interactive Group, LLL

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Inspire	Destre D. I. b. 44	Inspi
	ELMIRA BLUD	0.
PORT	CHARLOTTE FL 339	80 Por

Inspire	Destre	D.I.G.	LLC
9.00	B0× 4	94884	
			<u> 33949</u>

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JEAN D. GAILLARD

Name

23438 ELMIRA BHVD

Florida street address (P.O. Box NOT acceptable)

Port Charlotte FL 33989

City, State, and Zip

SECRETARY OF STATE DIVISION OF SORPORATIONS

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

MGR JEAN D. GAILLARD 13438 ELMSTRA BLVD PORT CHARLOTTE, EL 33980 (Use attachment if necessary)	Title: "MGR" = Manager "MGRM" = Managii	ng Member	Name and Address:
	MGR		23438 ELMITHA BLVD
		ecessary)	
	LE V: Effective date	e, if other than the detailed	ate of filing: (OPTIONAl specific and cannot be more than five business days
REQUIRED SIGNATURE:	LE V: Effective date ffective date date is listed, days after the date of	e, if other than the determined the date must be sof filing.)	specific and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	LE V: Effective date ffective date of days after the date of REQUIRED SIGNA	the date must be sof filing.) ATURE:	Specific and cannot be more than five business days B. Mallam

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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