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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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11 JUL -5 AM 8: 44

SECRETARY OF STATE
PALLAHASSEE, FLORIDA

WII. 34104

J. BRYAN

JUL - 2 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2011

TAMARA SWITKEN SWITKEN DIGITAL ENDEAVORS, L.L.C. 3949 RECREATION LANE NAPLES, FL 34116

SUBJECT: SWITKEN DIGITAL ENDEAVORS, L.L.C.

Ref. Number: W11000034104



We have received your document for SWITKEN DIGITAL ENDEAVORS, L.L.C. and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner s legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 111A00015338

SECRETARY OF STATE



Fax

TO: Joey Bryan

Fax Number: 1-850-245-60

Date: 7/5/11

3949 Recreation Lane Naples, Florida 34116 239-595-1018 switkende@me.com

From: Tamara Switken

Number of pages including cover: 4

Regarding: Switken Digital Endeavors, LLC.

FILED AN B: 44
SECRETARY OF STATE

Dear Joey,

As per our conversation this morning, I am submitting the forms to create Switken Digital Endeavors, LLC. Please apply my existing credit of \$185 (from the attempted conversion) to the \$160 fees to file for the LLC. Please refund the remaining \$25 to 3949 Recreation Lane, Naples, FL 34116.

Should you have any questions, please call my cell, 239-595-1018.

Thank you very much.

Sincerely yours,

Tamara Switken

COVER LETTER

	ion Section of Corporations		
SUBJECT: Swit	ken Digital Endeavors, LL Name of Limit	C ed Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this matt	ter to the following:	
Tamara S	witken	Name of Person	
		Name of Person	شيرب واست
Switken (Digital Endeavors, LLC.		SECR T
		Firm/Company	HA I
3949 Rec	creation Lane		SSET SSET
		Address	
			STATI FLORI
Naples, FL	34116		공동
	City	y/State and Zip Code	g
switkende	@me.com		
	E-mail address: (to be used f	or future annual report notification)	
For further informat	ion concerning this matter, please	call:	•
Tamara Switker		at (239) 595-1018	
N:	nme of Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount:		
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AUTICIAS OF ORGANIZATION	ALOM LEVICIDA PROPERTIEM PROPERTIE COMPANION	
ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
Switken Digital Endeavors, LLC.	第9 至	
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	الله الله الله الله الله الله الله الله	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	

Triedpur Office riddiess,	**************************************
Tamara Switken	Tamara Switken
3949 Recreatoin Lane	3949 Recreation Lane
Naples, FL 34116	Naples, FL 34116

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:

ramara s	Switken
	Name
3949 Rec	reation Lane
,	Florida street address (P.O. Box NOT acceptable)
Naples	_{FL} 34116
	City, State, and 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:

MGR .	Tamara Switken 3949 Recreation Lane Naples, FL 34116
	THE TOTAL OF THE T
	75,
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTIONAl st be specific and cannot be more than five business day

Signature of a member or an authorized representative of a member.

(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, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tamara Switken

Typed or printed name of signee

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)