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Effective Date 7/31/11

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON



COVER LETTER

TO: Registration Division of C			
DA.JI	JTA Mobile Applic	cations IIC	
SUBJECT: DAJC		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Kevin Th	nigpen		
	•	Name of Person	
DAJUTA	Mobile Application	ons, LLC	
		Firm/Company	
10613 R	ochester Way		
		Address	
Tampa. Fi	orida 33626		
<u> </u>		ty/State and Zip Code	
kevin@daj		for future annual report notification)	
		•	
For further information	n concerning this matter, pleas	e caii:	
Kevin Thigpen		_ _{at (} 813 781-2438	
Name	e of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check f	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 C	

7/31/11 Effective Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	DTI	T	T	MIA	
А	RTI	Æ.	I -	-Na	me:

The name of the Limited Liability Company is:

DAJUTA Mobile Applications, LLC.

(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:
10613 Rochester Way	10613 Rochester Way
Tampa, Florida 33626	Tampa, Florida 33626

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:

Kevin Ir	nigpen
	Name
10613	Rochester Way
	Florida street address (P.O. Box NOT acceptable)
Tampa	_{FL} 33626
	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..

(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:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r
Manager	Kevin Thigpen
***************************************	10613 Rochester Way
	Tampa, Florida 33626
Managing Member	Shannon Thigpen
	10613 Rochester Way
	Tampa, Florida 33626
(Has attachment if nagagamy)	
(Use attachment if necessary)	
CLE V: Effective date, if other the	an the date of filing: July 31, 2011 (OPTION
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CLE V: Effective date, if other the effective date is listed, the date median days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false.	nust be specific and cannot be more than five business demonstrative of a member. ion 608.408(3), Florida Statutes, the execution of this document

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)