

**L12000038727**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

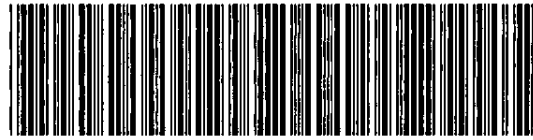
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/19/12--01038--030 \*\*155.00

FILED  
12 MAR 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 20 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2012

PETER CALDARONE  
775 8TH COURT, SUITE 5  
VERO BEACH, FL 32962

SUBJECT: CUSTOM DIGITAL MEDIA, LLC  
Ref. Number: W12000013700

We have received your document for CUSTOM DIGITAL MEDIA, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$155.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 712A00008925

FILED  
12 MAR 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Custom Digital Media

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Caldarone

Name of Person

Custom Digital Media

Firm/Company

775 8th Court, Suite 5

Address

Vero Beach, FL 32962

City/State and Zip Code

pc@custominternetco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Caldarone

Name of Person

at ( 772 ) 532-0112

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

FILED  
12 MAR 19 PM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Custom Digital Media, 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:

775 8th Court, Suite 5

Vero Beach, FL 32962

### Mailing Address:

775 8th Court, Suite 5

Vero Beach, FL 322962

## 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:

Peter Caldarone

Name

775 8th Court, Suite 5

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

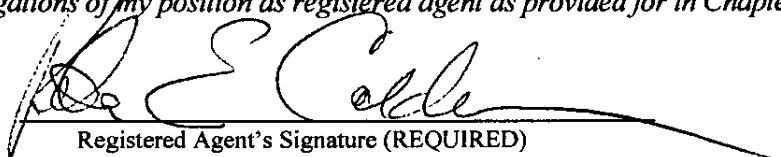
Vero Beach

FL 32962

City, State, and Zip

FILED  
12 MAR 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Peter Caldarone

775 8th Court, Suite 5

Vero Beach, FL 32962

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Peter Caldarone

Typed or printed name of signee

12 MAR 19 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)