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SECRETARY OF STATE
DIVISION OF CORPERATIONS

SEP 2 0 2012 T. HAMPTON

COVER LETTER

Division of Corporations				
_{subject:} DigitizeU, LL	.C			
	Name of Limited	Liability Comp	any	
The enclosed Articles of Organizati	on and fee(s) are sub	mitted for filin	g.	
Please return all correspondence cor	ncerning this matter	to the following	g:	
Paul D. Barnard	t			
- · · · · · · · · · · · · · · · · · · ·	Na	ime of Person		
DigitizeU, LLC				
	Fi	rm/Company		
407 LAKE HOW	/ELL ROAD,	STE #10)8	
		Address		
MAITLAND, FLOR	RIDA 32751			
	City/S	tate and Zip Cod	е	
PAUL@DIGITIZEY	OU.COM adress: (to be used for t	Subura annual ran	art matification)	
			ort notification)	
For further information concerning	this matter, please ca	iil:		
Paul D. Barnard	a	, 407	, 729-9322	
Name of Person	u	Area Cod	729-9322 e & Daytime Tel	ephone Number
Enclosed is a check for the follow	wing amount:			
	Filing Fee & cate of Status	\$155.00 Filit Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Registrat Division Clifton I 2661 Ex	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
DigitzeU, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
407 LAKE HOWELL ROAD, STE #108	407 LAKE HOWELL ROAD, STE #108
Maitland, FL 32751	Maitland, FL 32751
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	-
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Paul D. Barnard, P.A.	egistered Agent. You must designate an individual or another he registered agent are:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Paul D. Barnard, P.A. Na	egistered Agent. You must designate an individual or another he registered agent are:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Paul D. Barnard, P.A. Na 407 Lake Howe Florida street	he registered agent are: A. BIBIVO., Ste. 108 address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Paul D. Barnard, P.A. Na 407 Lake Howe	he registered agent are: A. BIL Blvd., Ste. 108

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

DIVISION OF CONFORATIONS

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member	Paul D. Barnard 407 Lake Howell Blvd., Ste. 108 Maitland, Florida 32751
	·
(Use attachment if necessary)	
	an the date of filing: (OPTION and the specific and cannot be more than five business dates and cannot be more than five business dates.)

(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.)

Typed or printed name of signee

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

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)