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B. BOSTICK
SEP 1 3 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Anthem Digital Marketing, LLC

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:

	Sourgettee consorting mis mar	to the following.	
Scott T	. Spear, Esq.		
		Name of Person	
Blish &	Cavanagh, L	LP	
		Firm/Company	
30 Exc	hange Terrac	е	
		Address	
Provide	ence, RI 0290)3	
	Ci	ty/State and Zip Code	77.
sts@blish	cavlaw.com		2013: TALL
	E-mail address: (to be used	for future annual report notification)	AH EP
For further information	concerning this matter, please	call:	12 12 12 12 12 12
Scott Spea	ar, Esq.	at (401 831-89	- P - P - P - P - P - P - P - P - P - P
Name	of Person	Area Code & Daytime Telep	shone Number OR 33
Enclosed is a check f	or 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

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:		
Anthem Digital Marketing, LLC			
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	of the principal office of the Limited L	iability Company is:	,
Principal Office Address:	Mailing Address:		
2642 Park Royal Drive	8815 Conroy Windermere Road #4	413	
Windermere, FL 34786	Orlando, FL 32835		
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Adam D. DeGraide		ZIJIS SEP 12 SEURETARY	\
8815 Conroy Windermen			-
	street address (P.O. Box NOT acceptable)	H 2: 33 FLORID	
Orlando, FL 3283	<u></u>	υ ω	
registered agent and agree to act in thi	ated in this certificate, I hereby accept is capacity. I further agree to comply w complete performance of my duties, an	the appointment as with the provisions of nd I am familiar with	r

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Adam D. DeGraide
	8815 Conroy Windermere Road #413
	Orlando, FL 32835
	7A
	ECF.
	P P 2
	00 N: 33
Use attachment if necessary)	
	ne date of filing: <u>N/A</u> . (OPTION
LE V: Effective date, if other than the frective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five busin
ffective date is listed, the date mu or 90 days after the date of filing.) REOUIRED SIGNATURE:	
ffective date is listed, the date mu or 90 days after the date of filing.) REOUIRED SIGNATURE:	-
fective date is listed, the date mu or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information in the constitutes are approximated.)	

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)

Typed or printed name of signee