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COVER LETTER

TO: Registration Section **Division of Corporations Experts Digital Solutions** 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: Graham Hays Name of Person **Experts Digital Solutions** Firm/Company 140 S Beach Street, STE 200 Address Daytona Beach, FL 32114 City/State and Zip Code graham@expertsdigitalsolutions.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Graham Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$155.00 Filing Fee & \$160.00 Filing Fee, ■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:			
Experts Digital Solutions LLC (Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Li	ability Co	ompar	ıy is:
Principal Office Address:	Mailing Address:			
140 S Beach Street, STE 200 Daytona Beach, FL 32114	140 S Beach Street, STE 200 Daytona Beach, FL 32114			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an indivi			
Mary Hays	ne.		0CT	# - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
80 North Saint Andrews Dr.		المام ال المام المام ال	<u></u>	inerse state
Florida street a Ormond Beach, FL 321	address (P.O. Box <u>NOT</u> acceptable)	14 20 25 21 25 25	04 m FW	
	State, and Zip	AIDA A	Ç	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this cape all statutes relating to the proper and comple and accept the obligations of my position as a Registered Agent's Sign	n this certificate, I hereby accept to acity. I further agree to comply whete performance of my duties, and registered agent as provided for in	he appoin ith the pro l I am fan	itment ovisio viliar	t as ns of with

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> "MGR" = Manag		Name and Address:
"MGRM" = Man	aging Member	
MGR		Graham Hays
		62 Big Buck Trail
		Ormond Beach, FL 32174
		
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Use attachment i	•	1
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)