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TO: Registration				
Division of	Corporations			هيد پر ١٠
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SUBJECT: DSIG.	LLC.			
SUBJECT: DSIG.	Name of Lit	nited Liability Company		超哥工
	Traine of on			智慧 25 后
				171
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Diagram notices all come	spondence concerning this m	attanta tha fallowings		
Please return all corre	spondence concerning this it	atter to the following.		
				37
Daniel E	. Dias			
		Name of Person		
Dias & A	ssociates			
<u> </u>		Firm/Company		
5.00.111				
<u>5120 We</u>	est Laurel Street #700	Address		
		Aduress		
Tampa, I	FL 33607			
	(City/State and Zip Code		
ddias@mdlega	Inet			
<u>dalaoi@malega</u>	E-mail address: (to be use	d for future annual report notifica	ation)	
For lurther informatio	on concerning this matter, ple	ase can:		
Daniel E. Dlas		813) 928-7353		
Nar	ne of Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for	or the following amount:			
	-	Davis ou mus	Пексольтии -	
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee Certificate of Statu	
	Certificate of Status	(additional copy is enclosed)	Certified Copy	15 &
		(additional copy is cholosed)	(additional copy is en	iclosed)
				,
	iling Address distration Section	Street/Courier Add Registration Section	ress	
I/CN	เอนสแบบ อิธิบนบบ	region anon occiton		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:				
DSIG, LLC				
(Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5102 West Laurel Street #700 Tampa, FL 33607	5102 West Laurel Street #700 Tampa, FL 33607			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	legistered Agent. You must designate an	individu	al or	
The name and the Florida street address of the registered a	gent are:			
Daniel E. Dias				
Name				
5102 West Laurel Street #700 Florida street address (P.O. Box				
Tampa	FL 33607			
City	Zip			
	the appointment as registered agent and of all statutes relating to the proper and congations of my position as registered agent or 605, F.S	agree to d mplete pe	ict in te erform	his ance
Registered Agent's Signati	re (REQUIRED)	15/21 15/21	7/	
(CONTINUE	ED)		FEB	П
Page 1 of 2			20 四份21	

<u>Fitle:</u>	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	271 .
AMBR	Daniel E. Dias 5102 West Laurel Street #700
	Tampa, FL 33607
AMBR	Brian Scanlon PO Box 4028
	Boca Raton, FL 33429
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing:
ctive date is listed, the date must be spet filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State