Florida Department of State

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Division of Corporations

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

: (305) 552-5973

fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. **B2B DIGITAL MARKETING, LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
| Ccrtified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu Corporate Filing Menu

Help

HILAGES SET 3 8

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | |
|--|------------------------|------------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: | ď | |
| BaB Digital marketing, LL | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | |
| ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | |
| Principal Office Address: 2224 SW 98th G Same Principal Office Address: 33 (45) | | |
| 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 another business entity with an active Florida registration.) | dual or | |
| The name and the Florida street address of the registered agent are: Elizabet Fallat Name | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| MGM FL 33163 City FL 33163 | | |
| Having been named as registered agent and to accept service of process for the above stated limited liabil the place designated in this certificate. I hereby accept the appointment as registered agent and agree capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as proceedings of the provisions of the provisions of the provision as registered agent as processed agent agent as processed agent agent as processed agent a | to act in t perform | this iance |
| auxar(at | _ | DI |
| Registered Agent's Signature (REQUIRED) | A MAR | VISION VISION |
| (CONTINUED) | ~ | SEAS. |
| Page I of 2 | | 000 |
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| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | Elizabet Fallat |
| mar | 18551(a -lon |
| | · 933/6 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| E V: Effective date, if other than extive date is listed, the date must filling.) | the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 o |
| E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. | |
| (Use attachment if necessary) E V: Effective date, if other than extive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | |
| E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any | |

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