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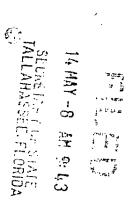
(Requestor's Name)
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J. STRIVETS MAY 15 2016)

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Digital Ghost, LLC</u> Name of L	imited Liability Company	<del> </del>
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this i	matter to the following:	
	Andrew J. Hand		
		Name of Person	
	Shepard, Smith & Cassady, P.A.		
		Firm/Company	
	2300 Maitland Center Parkway, S	Ste. 100	
		Address	
	Maitland, FL 32751		
		City/State and Zip Code	
TP	noskins@shepardfirm.com F-mail address: (to be us	ed for future annual report notifica	ation)
For fu	rther information concerning this matter, ple	•	
Andre	ew J. Hand at (	407 ) 622-1772 Area Code Davtime Te	lephone Number
Enclos	sed is a check for the following amount:	The court Dayante 10	iopnono i tanto e
_	00 Filing Fee \$\Bigcup \text{\$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 (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Digital Ghost, LLC  (Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")
	nability Company, E.E.C., or EEC. )
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:
2821 Chantilly Avenue Winter Park, FL 32789	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	egistered Agent. You must designate an individual or )
Clifford B. Shepard	
Name	
2300 Maitland Center Parkway Florida street address (P.O. Box I	
Maitland	FL 32751
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligious forms that the provisions of my duties, and I am familiar with and accept the obligious forms.	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance actions of my position as registered agent as provided for in r605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	
Page 1 of 2	MAY -8 AM 9: 43

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Christopher J. Grieder  2821 Chantilly Avenue  Winter Park, FL 32789	<del></del>
MGR	Mary A. Grieder 2821 Chantilly Avenue Winter Park, FL 32789	
(Use attachment if necessary)		
TICLE V: Effective date, if other than the date of	of filing: Date of Filing (OPTIONAL)	
an effective date is listed, the date must be spec date of filing.) TICLE VI: Other provisions, if any.	of filing (OPTIONAL) cific and cannot be more than five business days prior to	or 90 days a
an effective date is listed, the date must be spece date of filing.)  ATICLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to	or 90 days a
an effective date is listed, the date must be spected date of filing.)  CTICLE VI: Other provisions, if any.  A.  REQUIRED SIGNATURE:  Signature of a meny (In accordance with section 605: constitutes an affirmation under I am aware that any false inform.	of filing: Date of Filing (OPTIONAL) cific and cannot be more than five business days prior to order or an authorized representative of a member.  3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of state in a document to the Department of State in as provided for in s.817.155, F.S.)	ent
REQUIRED SIGNATURE:  Signature of a ment of a many and accordance with section 605. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	prior to a deciment of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, action submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ent
REQUIRED SIGNATURE:  Signature of a meny (In accordance with section 605: constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Clifford B. Shepan	cific and cannot be more than five business days prior to or an authorized representative of a member0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is as provided for in s.817.155, F.S.)	ent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-