

L14000102607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

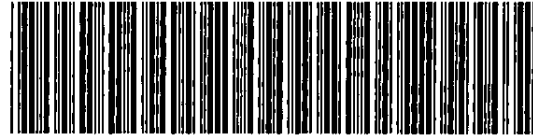
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2014

S. YOUNG

June 16, 2014

Turnkey Digital

1118 Shipwatch Dr. E

Jacksonville, FL 32225

(904) 465-4265

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

To whom it may concern:

Please accept this letter as our cover letter in creating TURNKEY DIGITAL LLC. Enclosed please find a check for \$160 for our articles of incorporation, Certified Copy and Certificate of status.

The mailing address for TURNKEY DIGITAL LLC is:

TURNKEY DIGITAL, LLC

1118 Shipwatch Dr. E

Jacksonville, FL 32225

(904) 465-4265

Kathryn Kozik is the Manager of this organization

Thank you,

Kathryn Kozik

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turnkey Digital 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:

KATHRYN KOZIK
Name of Person

Turnkey Digital LLC
Firm/Company

1118 Shipwatch Dr. E
Address

JACKSONVILLE, FL 32225
City/State and Zip Code

K. KOZIK @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN KOZIK at (904) 465-4265
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Turn Key Digital LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1118 Shipwatch Dr. E
JACKSONVILLE, FL 32225

1118 Shipwatch Dr E
JACKSONVILLE, FL 32225

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KATHRYN KOZIK

Name

1118 Shipwatch Dr. E

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32225

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Kathy Kozik
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

KATHRYN KOZIK

1118 Shipwatch Dr. E

JACKSONVILLE, FL 32225

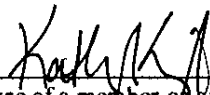
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

KATHRYN KOZIK

Typed or printed name of signee

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)

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