

L15000007140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266922280

12/22/14--01005--001 \*\*155.00

EFFECTIVE DATE  
11/11/15

FILED  
2014 DEC 22 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JAN -2 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Digital Life Home Media**  
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:

Justin William Bouton  
Name of Person

Digital Life Home Media  
Firm/Company

2421 N.E. 65th Street - Suite 509  
Address

Fort Lauderdale, Florida 33308  
City/State and Zip Code

JustinBouton@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Bouton at ( 561 ) 317-0894  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2015

JUSTIN WILLIAM BOUTON  
2421 N.E. 25TH STREET SUITE 509  
FORT LAUDERDALE, FL 33308

SUBJECT: DIGITAL LIFE HOME MEDIA  
Ref. Number: W15000000120

We have received your document for DIGITAL LIFE HOME MEDIA and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00000026

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Digital Life Home Media 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:**

2421 N.E. 65th Street  
Suite 509  
Fort Lauderdale, Florida 33308

**Mailing Address:**

2421 N.E. 65th Street  
Suite 509  
Fort Lauderdale, Florida 33308

**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:

Justin William Bouton  
Name  
2421 N.E. 65th Street - Suite 509  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale FL 33308  
City Zip

FILED  
2014 DEC 22 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Justin William Bouton

2421 N.E. 65th Street - Suite 509

Fort Lauderdale, Florida 33308

AMBR

Jessica A. Noguera

2421 N.E. 65th Street - Suite 509

Fort Lauderdale, FL 33308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/15 (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.)

Justin William Bouton

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)

FILED  
2014 DEC 22 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA