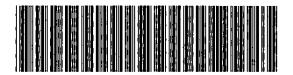
## #150000/8455

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: DIGILLLC.	Name of Limited Liability	Company	
The enclosed Articles of Organizati  Please return all correspondence co		_	
Nicholas J. Dom	Name of Po	_	
	Name of Po	Erson	
DIGII, LLC.	Firm/Com	pany	
2337 Cypress Tree C	ircle Addres	s	
West Palm Beach, Fl	. 33409 City/State and	Zip Code	
nick_dom@bellsouth.net E-mail add	ress: (to be used for future ar	mual report notifica	tion)
For further information concerning	this matter, please call:		
Nicholas Dorn Name of Person	at ( <u>561</u> ) Area Code		ephone Number
Enclosed is a check for the following	g amount:		
☑ \$125.00 Filing Fee □\$130.00	Filing Fee & \$155.00 te of Status Certified	Filing Fee & I Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on R orations D	treet/Courier Addr Legistration Section Division of Corporati Difton Building 661 Executive Center	ions

Tallahassee, FL 32301

## APTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	<u> </u>
DIGII, LLC.  (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	Liability Company, "L.L.C.," or "LLC.")  fice of the Limited Liability Company is:  Mailing Address:
Principal Office Address:	Mailing Address:
2337 Cypress Tree Circle West Palm Beach. FL 33409	2337 Cypress Tree Circle West Palm Beach, FL 33409
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration The name and the Florida street address of the registered at the company cannot serve as its own I are the compa	Registered Agent. You must designate an individual or
Nicholas Dorn Name	
2337 Cypress Tree Circle Florida street address (P.O. Box	NOT acceptable)
West Palm Beach	FL 33409
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	Zip  vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" = Manager	•
MGR	Nicholas Dom
	2337 Cypress Tree Circle
	West Palm Beach, FL 33409
MGR	Matthew Dorn 2337 Cypress Tree Circle West Palm Beach, FL 33409
	2337 Cypress Tree Circle
	West Palm Beach, FL 33409
	4
	<del></del>
Use attachment if necessary)	
	he date of filing: (OPTIONAL)
V: Effective date, if other than tetive date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tetive date is listed, the date mus	
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V: Effective date, if other than to tive date is listed, the date mus filling.)  VI: Other provisions, if any.	
V: Effective date, if other than to tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than to tive date is listed, the date must filing.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconds)	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than to tive date is listed, the date must filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the date must be constituted an affirmation of the constitutes an affirmation.	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than to tive date is listed, the date must filling.)  EVI: Other provisions, if any.  EXEQUIRED SIGNATURE:  Signature of (In accordance with see constitutes an affirmation I am aware that any false)	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than to tive date is listed, the date must filing.)  VI: Other provisions, if any.  Signature of the date is listed, the date must filing.)	of a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.  tie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)