

L15000030311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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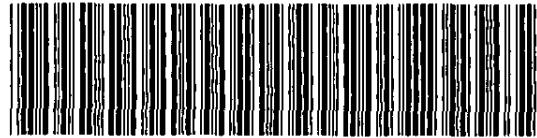
(Business Entity Name)

(Document Number)

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FILED
2015 FEB 18 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 19 2015
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 506139 4392335

AUTHORIZATION :

[Signature]

COST LIMIT : \$130.00

ORDER DATE : February 18, 2015

ORDER TIME : 9:51 AM

ORDER NO. : 506139-005

CUSTOMER NO: 4392335

DOMESTIC FILING

NAME: ENIGMA GLOBAL II, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
ENIGMA GLOBAL II, LLC**

**ARTICLE I
NAME**

The name of the limited liability company is Enigma Global II, LLC (the "Limited Liability Company").

**ARTICLE II
ADDRESS**

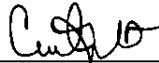
The mailing address and street address of the principal office of the Limited Liability Company is 3000 Gulf to Bay Blvd., Suite 303, Clearwater, FL 33759.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

**Courtney Williams
Asst. Vice President**

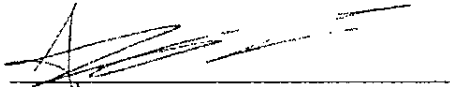
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**ARTICLE IV
MANAGER**

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

Manager: Alvin J. Estevez
220 Albany Turnpike #1039
Apt. 330
Canton, CT 06019

Date: February 18, 2015


Alvin J. Estevez, Manager

(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.)

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2015 FEB 18 AM 9:15

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TALLAHASSEE, FLORIDA