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(Re	questor's Name)	
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PICK-UP	Mait	MAIL
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2015 SEP 23 AM 10: 38
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2015 SEP 23 PH 4: 1

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: September 22, 2015 ORDER TIME : 2:29 PM ORDER NO. : 793245-001 CUSTOMER NO: 8065506 DOMESTIC FILING NAME: DIGITAL TECHNOLOGY PROFESSIONALS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Melissa Zender - EXT. 62956

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	DIGITAL TECHNOLOGY	PROFESSIONA	als, llc
SOBSEC		of Limited Liab	ility Company
The enclo	sed Articles of Organization and fo	ee(s) are submitte	d for filing.
Please ret	urn all correspondence concerning	this matter to the	following:
	Scott Melli		
		Name o	of Person
	Corporation Service Company		
		Firm/C	ompany
	2711 Centerville Rd., STE 400		
		Ado	iress
	Wilmington, DE 19808		
	gbowman@poffweber.com	City/State a	nd Zip Code
	• • • • • • • • • • • • • • • • • • • •	e used for future	annual report notification)
For further	information concerning this matter	, please call:	
	Scott Melli	800 at (927-9800
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for the following amoun	t:	
\$125.00 F	Siling Fee \$130.00 Filing Fe Certificate of Sta	tus Certi:	\$160.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



September 23, 2015

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: DIGITAL TECHNOLOGY PROFESSIONALS, LLC

Ref. Number: W15000063433

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

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 315A00020124

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA ARTICLE 1 - Name:	LIMITED LIABILITY COMPANY	2015 SEP 23 AM 10: 38
The name of the Limited Liability Company is:		ANASSOF
DIGITAL TECHNOLOGY PROFESSIONALS, LI (Must end with the words "Limited Liability		FLOWIO A
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
125 E. Merritt Island Causeway Suite 107-323 Merritt Island,FL,32952	125 E. Merritt Island Causeway Suite 107-323 Merritt Island,FL,32952	
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)		l or
The name and the Florida street address of the registered agent are	<u></u>	
Corporation Service Company Name		
1201 Hays Street Florida street address (P.O. Bo	ov NOT acceptable)	
	ix <u>nore</u> acceptance)	
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.

City

Corporation Service Company

State

Registered Agent's Signature (REQUIRED)

Zip

Melissa Zender Asst. Vice Presiden.

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	DTPSS.COM, LLC, a Delaware LLC
	40 East Main Street #622
	Newark, DE 19711
a.	
(Lice attachment it necessory)	
(Use attachment if necessary) F. V: Effective date if other than the date of	of filing: (ODTIONAL)
EV: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 de
EV: Effective date, if other than the date of ective date is listed, the date must be spen of filing.)	cific and cannot be more than five business days prior to or 90 de eet the applicable statutory filing requirements, this date will not be
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