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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONSENT LETTER

NOVEMBER 19, 2015

I ALEGRIA DOMINICA M ALEGRIA CUMES, AMBR OF A LLC CORPORATION NAMED ULTRA DIGITAL SIGN DOCUMENTO # P14000077530 INFORMS THE FOLLOWING: THAT THE ABOVE MENTIONED CORPORATION WAS DISSOLVED ON 09/25/2015 FOR ANNUAL REPORT. I DON'T WANT TO REACTIVE THIS CORPORATION THEREFORE RELEASING THE NAME. AT THE SAME TIME I WANT TO USE SAME NAME FOR A NEW FLORIDA CORPORATION. ENCLOSED PLEASE FIND DOCUMENTOS AND CASHIER CHECK TO FILE NEW CORPORATION.

  
DOMINICA M ALEGRIA CUMES  
AMBR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULTRA DIGITAL SIGN, 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:

NOEL TAVIO

Name of Person

Firm/Company

400 PALM AVENUE

Address

HI ALEAH, FL 33010

City/State and Zip Code

NTAVIO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOEL TAVIO at ( 305 ) 904-3063

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**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ULTRA DIGITAL SIGN, 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:

5951 NW 151 ST-  
NO. 109  
MIAMI LAKES, FL 33014

SAME

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:

DOMENICA M. ALEGRIA CUMES

Name

5951 NW 151 ST- NO. 109

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

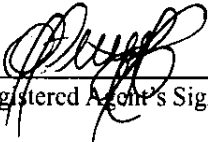
MIAMI LAKES, FL 33014

City

State

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.

  
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

MGR

**Name and Address:**

DOMENICA M. ALEGRIA CUMES  
5951 NW 151 ST NO 109  
MIAMI LAKES, FL 33014

(Use attachment if necessary)

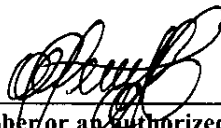
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DOMENICA M. ALEGRIA CUMES

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)**