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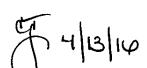
· (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: Digitas Medio	imited Liability Company	
	Name of Li	imited Liability Company	
The enclos	ed Articles of Organization and fee(s) a	ure submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following:	
		pavid Jacobsum	
		Name of Person	
	D	igitas Media, LLC Firm/Company	
		Firm/Company	
	750	D Beech 3+, # 305 Address	
		Address	
	5	an Diego, CA 92101 City/State and Zip Code	
	in ben Lav	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
-	E-mail address: (to be use	d for future annual report notification)	<u>.</u> .
For further is	nformation concerning this matter, plea	se call:	
	David	484 , 678-2417	
		Area Code Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclosed is	s a check for the following amount:		
\$125,00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed)	00 Filing Fee, ficate of Status & fied Copy nal copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	3
	P.O. Box 6327 Tallahassee, FL 32314	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:	FILED		
Diaitas Media LLC	16 APR -8 AN 1:59		
(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 Add			
venice FL, 74293 Venice FL, 74293 San Diego, Cl	t, #305 4,92101		
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 in another business entity with an active Florida registration.)	ıd ividual or		
The name and the Florida street address of the registered agent are:			
David Jacobsen Name 529 Lake of the Woods Dr.			
Name			
529 Lake of the Woods Dr.			
Venice FL 34293 City State Zip			
City State Zip			
Having been named as registered agent and to accept service of process for the above stated limited liab place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performan am familiar with and accept the obligations of my position as registered agent as provided for in Chapte Registered Agent's Signature (REQUIRED)	t in this capacity. I nce of my duties, and I		
(CONTINUED)			

Page 1 of 2

Title: "AMBR" = Auth "MGR" = Manag		Name and Address:		
MGR		David Jacobsem 750 Beech st, #305 say Diego, CA 97101		
,				
(Use attachment i	f necessary)			
fective date is lister of filing.) If the date inserted	ed, the date must be specific a in this block does not meet th	ng: 03-31-2016 (OPTIC and cannot be more than five business days p ne applicable statutory filing requirements, this	rior to or 90	
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