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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:        Division of Corporations
           Fax Number      : (850)617-6381

From:
           Account Name    : WILSON TAX & ACCOUNTING INC.
           Account Number  : I20150000107
           Phone           : (941)625-1925
           Fax Number      : (941)625-1526
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lindsay@taxsaversfl.net

FLORIDA LIMITED LIABILITY CO.
Why Dig LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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16 JUL 14 AH 11: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Why Dig 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:**
4360 S Biscayne Drive Unit 101	4360 S Biscayne Drive Unit 101
North Port, FL 34287	North Port, FL 34287

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.)

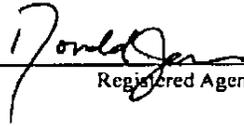The name and the Florida street address of the registered agent are:

Donald Jenkins
_____
Name

4360 S Biscayne Drive Unit 101
_____
Florida street address (P.O. Box **NOT** acceptable)

North Port, FL 34287
_____
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:

Pamela Jenkins
4360 S Biscayne Drive Unit 101
North Port, FL 34287

AMBR _____

Donald Jenkins
4360 S Biscayne Drive Unit 101
North Port, FL 34287
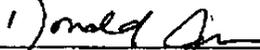
(Use attachment if necessary)

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.

Donald Jenkins
_____
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)

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