

L16000201310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

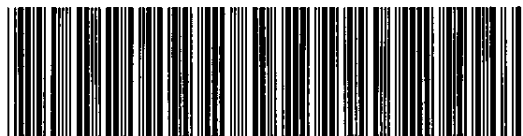
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291307185

11/04/16---01001---002 **155.00

RECEIVED
DEPARTMENT OF STATE
16 NOV -3 PM 3:22

FILED
16 NOV -3 AM 8:00

C. GOLDEN

NOV - 4 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIONDOG DIGITAL 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:

Name of Person
INCORPORATING SERVICES, LTD.

Firm/Company

Address
TALLAHASSEE, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

MELISSA at () 656-7956
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

16 NOV -3 AM 8:09
FILED

**ARTICLES OF ORGANIZATION
OF**

LIONDOG DIGITAL LLC

FILED

16 NOV -3 AM 8:00

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

LIONDOG DIGITAL LLC

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6550 N. Federal Hwy, Suite 240
Fort Lauderdale, Florida 33308

Mailing Address:

6550 N. Federal Hwy, Suite 240
Fort Lauderdale, Florida 33308

ARTICLE III: The name and street address of the registered agent are:

Mr. Mark Bosses
505 N.E. Spanish Trail
Boca Raton, Florida 33432

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.


Mark Bosses

ARTICLE IV: The name and address of each Manager are as follows:

Title:

Name and Address:

Manager

Mark D. Bosses
505 N.E. Spanish Trail
Boca Raton, Florida 33432

Manager

Jacob B. Bosses
505 N.E. Spanish Trail
Boca Raton, Florida 33432

Manager

Matthew M. Buckley
4481 N. Federal Hwy, Apt. 403
Pompano Beach, Florida 33064


Mark Bosses