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MAY 0 5 2017 K. Brumbley

COVER LETTER

SUBJECT	Brian Maurice Digital Imaging and Branding
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Brian Johnson
	Name of Person
	Brian Maurice Digital Imaging and Branding
	Firm/Company
	3713 Summerwind Dr
	Address
	Winterpark FL 32792
	City/State and Zip Code Brianmaurice83@gmail.com
-	E-mail address: (to be used for future annual report notification)
For further it	nformation concerning this matter, please call:
	Brian Johnson 910 742-2031at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$ 125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclose

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

E	Brian Maurice Digital Imaging and Branding,LLC	
_	(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
	II - Address: address and street address of the principal office of the Li Principal Office Address:	mited Liability Company is: Mailing Address:
3	3713 Summerwind Dr Winterpark FL 32792	
<u> -</u>	1715 Summer wind 121 Winterpark 1 12 32 722	
(The Limited another business	III - Registered Agent, Registered Office, & Registered d Liability Company cannot serve as its own Registered Aginess entity with an active Florida registration.) Indeed the Florida street address of the registered agent are:	0 0

Brian Maurice Inc
Name

3713 Summerwind Dr

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

Winterpark FL 32792
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..

Registere Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager CEO Brian Johnson 3713 Summerwind dr Winterpark FI 32792 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)