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N CULLIGAN MAR 1 5 2019

### **COVER LETTER**

TO: **New Filing Section Division of Corporations** . Digital Worx SUBJECT: 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: Claudius Mundoma Name of Person Digital Worx Firm/Company PO Box 1194 Address Tallahassee, FL 32302 City/State and Zip Code cmundoma@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudius Mundoma 980-6666 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status \$125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

# 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

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Digital W				
(Must o	contain the words "Limited	Liability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal o	office of the Limited	I Liability Company is:	
Principal Office Address:			Mailing Address:	
1575 PAUL	RUSELL ROAD. U	VIT 4704 PO	Box 1194	
Tallahassee, FL 32301			ahassee, FL 32302	
•	an active Florida registration	·		
The name and the Florida str	· ·	A agent are:  Name  Dad, Unit 4704	acceptable)	2019 KUR 15 PM
•	Claudius MUNDOM	A agent are:  Name  Dad, Unit 4704	acceptable)	2019 KUR 15 PM 3:
•	Claudius MUNDOM  1575 Paul Russell Re Florida street addres	i agent are:  A Name  Dad, Unit 4704 s (P.O. Box <u>NOT</u> a	•	2019 KJR 15 PH 3: 15

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

**AMBR** = Authorized Member **MGR** = Manager AMBR    ST5 Paul Russsell Road, Unit 4704	Title:		Name and Address:	
Claudius Mundoma  1575 Paul Ruassell Road, Unit 4704  Tallahassec, FL32302  CHISHAMISO MUNDOMA  1 GEORGE AND  CERNISTON IND. GEMISTON REA  MARCUS MUNDOMA  1 GEORGE AND  GEORGETOWN IND. GEMISTON, REA  MARCUS MUNDOMA  1 GEORGETOWN IND. GERMISTON, REA  (Use attachment if necessary)  E.V. Effective date, if other than the date of filing: March 15, 2019 (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dat filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.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 Statutess  I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.  CLANDIUS MUNDOMA  Typed or printed name of signee  Filling Fees;  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent				
Signature of a member or an authorized representative of a member.   EVI: Other provisions, if any.		ager	Claudius Mundoma	
Tallahassec, FL.32302  CHISHAMISO MUNDOMA  1 GEORGE AYE  GEORGETOWN IND. GEMISTON RA  MARCUS MUNDOMA  1 GEORGETOWN IND. GEMISTON RA  GEORGETOWN IND. GERMISTON RA  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: March 15, 2019 (OPTIONAL)  tetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dat filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.V.: Other provisions, if any.  REOUIRED 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 States constitutes a third degree felony as provided for in s.817.155, F.S.  CLANDIUS MUNDOMA  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMDR	<del></del>		
CHISHAMISO MUNDOMA  1 GEORGE AVE  GEORGETOWN IND. GEMISTON, RA  MARCUS MUNDOMA  1 GEORGE AVE  GEORGETOWN IND. GEMISTON, RA  GEORGETOWN IND. GEMISTON, RA  GEORGETOWN IND. GEMISTON, RA  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing: March 15, 2019 (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dat  filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E.VI: Other provisions, if any.  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 States  constitutes a third degree felony as provided for in s.817.155, F.S.  CLANDIUS MUNDOMA  Typed or printed name of signee  Filing Fees;  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent				
CEORGE AVE			Tartandoset ( E.J.E.S.)	
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Coecestown IND. Gemister Real March 15. 2019  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: March 15. 2019  (OPTIONAL) extive date is listed, the date must be specific and cannot be more than five business days prior to or 90 data filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOUIRED 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 States constitutes a third degree felony as provided for in s.817.155, F.S.  CLANDIUS MUNDOMA  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent				· · · · · · · · · · · · · · · · · · ·
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