

190001B911Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.**

To:Division of Corporations
Fax Number : (850)617-6381**From:**Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**Direct Measure Marketing LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2019 MAY - 3 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL**FILED**

COVER LETTER

**TO: New Filing Section
Division of Corporations**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Krant

Name of Person

Adeptus Partners, LLC

Firm/Company

733 Route 35 North, Suite A

Address

Ocean, NJ 07712

City/State and Zip Code

jkranz@adeptuscpas.com

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

For further information concerning this matter, please call:

Jordan S Krant CPA at (732) 595-3116

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)
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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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Direct Measure Marketing LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:

1761 W Hillsboro Blvd, Suite 409
Deerfield Beach, FL 33442

Mailing Address:

1761 W Hillsboro Blvd, Suite 409
Deerfield Beach, FL 33442

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:

Bobby EKizian

Name

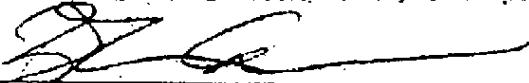
1761 W Hillsboro Blvd, Suite 409

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

Deerfield Beach Florida 33442

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
AMBR

Name and Address:

Roy Weisman

1761 W Hillsboro Blvd, Suite 409
Deerfield Beach, FL 33442

AMBR

Joseph Bonamassa

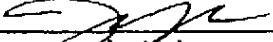
1761 W Hillsboro Blvd, Suite 409
Deerfield Beach, FL 33442

(Use attachment if necessary)

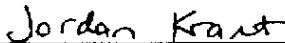
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory 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.



Jordan Kraut

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)