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SECRETARY OF STATE

N CULLIGAN AUG 2 6 2018

## COVER LETTER

	Filing Section sion of Corporations	
SUBJECT:	Digital Re Name of Lin	ach Marketing nited Liability Company
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.
Please return	all correspondence concerning this ma	atter to the following:
<del></del>	Manny	Coeurull Name of Person
	/	Name of Person
	Digital R	each Marteting Firm/Company
_		Acliff Ct Address
	Oviedo	FL 32765 City/State and Zip Code
_	(	ity/State and Zip Code
	manny Velo	6 bellsouth.net
	E-mail address: (to be used	for future annual report notification)
For further info	ormation concerning this matter, pleas	e call:
_	Manny Cocorull at (	rea Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filin	sig Fee \$\int \$\sum \$\sum \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Digital Reach Marke (Must contain the words "Limited Liability  LE II - Address:	
ling address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
370 Veracliff C+	_ 370 Veracliff C.f. _ Oviedo FL 32765
	Oviedo FL 32765
32745	

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Manny Coeurull

Name

370 Veracliff Ct.

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

Ovice of 32765

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)

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Manny Cocurrent  320 Versacliff Ct.  Oviedo FC 32765
	2019 AUG A E C E E E E E E E E E E E E E E E E E
(Use attachment if necessary)	10 19 AH 10: 33
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Mount C
Signature of a member of This document is executed in acc	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State
Manny Typed	CocuruLL or printed name of signee

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)