→ 18506176381

pg 2 of 4 https://efile.sunbiz.org/scripts/efilcovr.exe



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935+3088

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

Email Address: destrin@nywinlaw.com

## FLORIDA LIMITED LIABILITY CO. DIGITAL ASSESTS MANAGER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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J. FASON

SEP 04 2019

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
DIGITAL ASSESTS MANAGER LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Malling Address:
9727 SALTY BAY DRIVE 9727 SALTY BAY DRIVE DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446
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:
ALEXANDRA PLATONOVA Name
9727 SALTY BAY DRIVE
Florida street address (P.O. Box NOT acceptable)
DELRAY BEACH FL 33446
City 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)  ALEXANDRA PLATONOVA

Page 1 of 2

(CONTINUED)

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SECRUTARY OF STATE
TALLATIAS SEE, FI

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<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager AMBR	ALEXANDRA PLATONOVA
711011	9727 SALTY BAY DRIVE
	DELRAY BEACH, FL 33446
AMBR	TUNG VAN TO
	9727 SALTY BAY DRIVE
	DELRAY BEACH, FL 33446
AMBR	STANISLAV TARASOV
	10874 RAVEL COURT
	BOCA RATON, FL 33498
AMBR	OLGA LITOVSKIKH
7,000.	10874 RAVEL COURT
	BOCA RATON, FL 33498
V: Effective date, if other than the	e date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.)	
E V: Effective date, if other than the ective date is listed, the date must of filing.)	e date of filing:
EV: Effective date, if other than the ective date is listed, the date must filling.)	e date of filing:
(Use attachment if necessary)  E V: Effective date, if other than the extive date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmal I am aware that any farmal I arm aware that any farmal I arm aware that any farmal I armaware that any farmaware tha	e date of filing:
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the economic of th	to member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.  also information submitted in a document to the Department of State

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## **Fax**

From To

DIGITAL ASSESTS MANAGER

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## Message

Jo Ann Campise

Hubco Incorporation Services

238 West Jericho Turnpike, Huntington Station, NY 11746

Phone: (516) 813-1187

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