Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

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

oct 2 4 2019

S TALLEY

Email Address: ___ coolskunk@LIVE.com

FLORIDA LIMITED LIABILITY CO.

MyDigitalHomeWatch LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR PLUKIDA	LIMITED LABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
MyDigitalHomeWatch LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
A FORTICIVATE TE A A.A	
ARTICLE II - Address: The mailing address and street address of the principal office of the principal	he Limited Liability Coversory is:
The making andress and street address of the principal office of the	ne ranned rationaly Company is.
Principal Office Address:	Mailing Address:
5020 Sable Key Circle	5020 Sable Key Circle
Punta Gorda, FL 33955	Punta Gorda, FL 33955
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	re:
Philip Rispoli	
Name	
5020 Sable Key Circle	

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.

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

FL

State

Zip

Punta Gorda

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Philip Dianeli
MGR	Philip Rispoli 5020 Sable Key Circle
	Punta Gorda, FL 33955
	Tanta Ootoa, 1 5 35555
MGR	Jennifer Taberski
	5020 Sable Key Circle
	Punta Gorda, FL 33955
AMBR	MyDigitalHome 1.L.C
	5020 Sable Key Circle
	Punta Gorda, FL 33955
(Use attachment if necessary)	of Sline: (OPTIONAL)
EV: Effective date, if other than the date ective date is listed, the date must be sp	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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