

L20000243819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

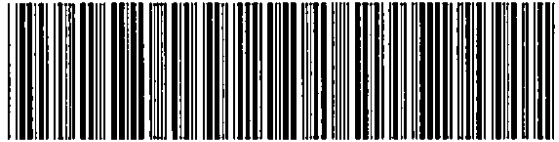
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800347753308

08/03/20--01041--014 **130.00

Derrick Thompson

Cover Letter

Hello

This is Swetha Devarasetty, residing at 14401 S MILITARY TRI, APT A103, DELRAY BEACH, FL – 33484.

And my contact number is 3184970700.

I am here enclosing a cheque of US \$130 along with my application. This cheque belongs to my husband's account and he authorized for using his cheque for this payment. He also signed this cover letter as part of the authorization.

Regards

Swetha Devarasetty

D. Swetha

My Husband (Cheque owner) Name

Syam Devarasetty

D. Syam Sundar

COVER LETTER

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

SUBJECT: D&C Digital LLC
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:

Swetha Devarasetty

Name of Person

Firm/Company

14401 S Military Trail APT A103

Address

Delray Beach FL 33484

City/State and Zip Code

swetha.devarasetty85@gmail.com

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

For further information concerning this matter, please call:

<u>Swetha Devarasetty</u>	<u>318</u>	<u>4970700</u>
Name of Person	Area Code	Daytime Telephone Number

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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D&C Digital LLC

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

ARTICLE II - Address:

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

Principal Office Address:

14401 S Military Trail APT A103

Delray Beach FL 33484

Mailing Address:

14401 S Military Trail APT A103

Delray Beach FL 33484

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:

Swetha Devarasetty

Name

14401 S Military Trail APT A103

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

Delray Beach

FL

33484

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..

D. Swetha

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Swetha Devarasetty
14401 S Military Trail APT A103
Delray Beach FL 33484

(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:

D. Swetha

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.

Swetha Devarasetty

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)