

L200000296329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

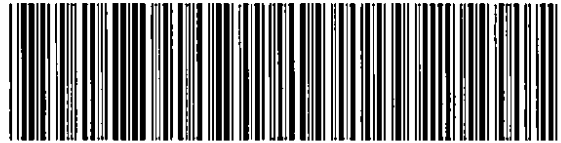
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 29 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FL
2020 SEP 29 PM 2:30
FILED

SEP 30 2020

COVER LETTER

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

SUBJECT: DIGITAL IMPACT ENTERPRISE 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:

JOSHUA ROMERO

Name of Person

Firm/Company

7735 NORTHEE WAY

Address

LAKE WORTH, FLORIDA 33467

City/State and Zip Code

JOSEPH@TAXEMPEROR.COM

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

For further information concerning this matter, please call:

JOSHUA ROMERO 347 471-5694
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2020 SEP 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIGITAL IMPACT ENTERPRISE 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:

Mailing Address:

7735 NORTHREE WAY
LAKE WORTH, FLORIDA 33467

7735 NORTHREE WAY
LAKE WORTH, FLORIDA 33467

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:

JOSHUA ROMERO

Name

7735 NORTHREE WAY

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

<u>LAKE WORTH</u>	<u>FLORIDA</u>	<u>33467</u>
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.

Joshua Romero

Registered Agent's Signature (REQUIRED)

(CONTINUED)

