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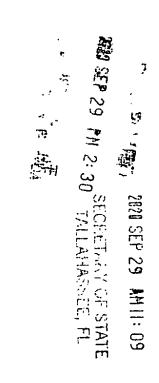
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
<b>\_</b> /	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	_
- Commence of the commence of	

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## **COVER LETTER**

	w Filing Section vision of Corpor				
SUBJECT:	DIGITAL IMI	PACT ENTERPRI	SE LLC		
555,000		Name o	f Limited Liabil	ity Company	
The enclose	d Articles of Org	anization and fee(	s) are submitted	for filing.	
Please return	n all corresponde	nce concerning th	s matter to the	following:	
	JOSHUA ROM	ERO			
-			Name of	Person	
-	-	-· <u>-</u> -	Firm/Co	mpany	
	7735 NORTHR	EE WAY			
_			Addr	ess	
1	LAKE WORTH	, FLORIDA 3346	7		
_ J(	OSEPH@TAXE	MPEROR.COM	City/State an	d Zip Code	-
_			sed for future a	nnual report notificat	ion)
For further inf	ormation concer	ning this matter, p	lease call:		
J	OSHUA ROME	RO aí	347	471-5694	
	Name of	Person	Area Code	Daytime Telephon	e Number
Enclosed is a	a check for the fo	llowing amount:			
■\$125.00 F	iling Fee	\$130.00 Filing Fe ertificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6	Section Corporations		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 SEP 29 AH 11: 09

SECRETARY OF STATE TALLAHASSEE, FL

#### DIGITAL IMPACT ENTERPRISE LLC

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

<u>Principal Offi</u>	ice Address:		Mailing Address:
7735 NORTHREE WAY		7735 N	ORTHREE WAY
LAKE WORTH, FLORIDA	A 33467	LAKE	WORTH, FLORIDA 33467
	-	•	
e name and the Florida street addres	s of the registered	•	
e name and the Florida street addres	-	•	
ne name and the Florida street addres	s of the registered	agent are:	
773	s of the registered SHUA ROMERO 5 NORTHREE W	agent are:	otable)
ne name and the Florida street addres  JOS  773 Flo	s of the registered SHUA ROMERO 5 NORTHREE W	agent are: Name	otable) 33467

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)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	JOSHUA ROMERO 7735 NORTHREE WAY LAKE WORTH, FLORIDA 33467	
	SECRETIALLA	•
<u>-                                      </u>	DF STATI	
(Use attachment if necessary)		
(If an effective date is listed, the date must be : the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed int of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
1	oshua Romero	
Signature of a r This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
JOSHUA ROM	MERO 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)