# المالك المالك

· · · · · · · · · · · · · · · · · · ·	questor's Name)	
(176	questoi s (vaine)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nai	me)
(Dc	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
		<del>-</del>
	Office Use Or	nlv



500353775355

10/16/20--01002--001VISION OF COR TALLAHASSEE

RECE!V⊆D
 \*2020 0CT 15 PM 3: 50

2020 OCT 15 AMIL: 38

SECRETARY OF STATE TALLAHASSEE, FL

COT 1

## CORPORATE

When you need ACCESS to the world

ACCESS,
"INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	PICK U	J <b>P:</b> _	10/15/2020		
	CERTIFIED COPY				
XX	РНОТОСОРУ	<del></del>			
	CUS			<del></del>	
хх	FILING	LLC			
	EGA DIGITAL MARKETI (CORPORATE NAME AND DOCUME)				
		•• ••			
	(CORPORATE NAME AND DOCUME)	NT #)			
	(CORPORATE NAME AND DOCUME)	VT #)			· • • • • • • • • • • • • • • • • • • •
	(CORPORATE NAME AND DOCUME!	NT #)			7.13
	(CORPORATE NAME AND DOCUME!	VT #)			
	(CORPORATE NAME AND DOCUMEN	VT #)			
IA: RU	L CTIONS:				

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: EGA Digital Marketing 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:
Ashley Tus; Name of Person
EGA Digital Marketing LLC Firm/Company
402 Clint Moore rd Suite 144 Address
Boca Raton FL 33 Y 8 7  City/State and Zip Code  Anthony Tursi @ Yahoo (om  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future affinial report notification)  For further information concerning this matter, please call:
Anthony Turk: at (484) 716 8972  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$Certified Copy (additional copy is enclosed)} \text{\$\$}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:	FILED			
ne name of the Limited Liability Company is:	2820 OCT 15 AMII: 38			
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRETARY OF STATE			
RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:	•			
Principal Office Address: Mailing Ad	ldress:			
902 Clint Moore Rd 9621 coblessite 144 Boundary FL Boynton Beach	kitone creek dr. FL 33472			
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 mother business entity with an active Florida registration.)	individual or			
The name and the Florida street address of the registered agent are:				
Ashley Turs:				
Florida street address (P.O. Box NOT acceptable)				
Boynton Beach FL 33472 City State Zip				
laving been named as registered agent and to accept service of process for the above stated limited lia lace designated in this certificate, I hereby accept the appointment as registered agent and agree to acurther agree to comply with the provisions of all statutes relating to the proper and complete performa m familiar with and accept the obligations of my position as registered agent as provided for in Chapt	t in this capacity. I nce of my duties, and I			
Registered Agent's Signature (REQUIRED)				

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Ashley Tursi 9629 cobblestage creek drive Boynton Beach FL 33472		
	\$ECRETARY TALLAHA		
	AHII: 38 OF STATE		
(Use attachment if necessary)			
the date of filing.)  Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's	cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed a		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Turse		
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State provided for in s.817.155, F.S.		
Ashley Typedo	TUG:		

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)