L20000323547

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
rtified Copies	_ Certificates	of Status
pecial Instructions to Filing Officer:		

Office Use Only



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10/21/20--01001--013 **250.00



C RICO 00T 2) 2020

P.O.	' California Street Box 20396 hassee, FL 32316	Fax: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com
NAME OF ENTITY /		
Lathi Digital Holdings LCC		
		FOR OFFICE USE ONLY
PICK ONE:		
CERTIFIED COPYPH	HOTOCOPY _	C.U.S.
FILING: CORPORATION LLC LIMITED PAR	TNERSHIP	GENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK		
FOREIGN QUALIFICATION	JUDGMENT	LIEN
OTHER		-
RETRIEVAL:		
GOOD STANDING CERT/C.U.SCE		PHOTOCOPY
APOSTILLE/CERTIFICATION REQUEST:		
Country		
Amount of Documents		
DATE 10/20/20		
lotes:		

Advanced Incorporating Service

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name and the Florida street address of the registered agent are:

Lathi Digital Holdings, LLC (Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address
260 1st Ave. S	Same
260 1st Ave. S #200-130	Same

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

Tallahassee FL 32304

City State Zip

aving been named as registered agent and to accept service of process for the above stated limited liability company at the acce designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I n familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Name

Universal Registered Agents, Inc.

1317 California Street

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Sean Lathi 260 1st Ave. S #200-130
	St. Petersburg, FL 33701
<u>MGR</u>	William Lathi
	William Lathi 260 1st Ave, S #200-130 St. Petersburg, FL 33701
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date mue of filing.)	the date of filing:
	oes not meet the applicable statutory filing requirements, this date will not be liste artment of State's records.
LE VI: Other provisions, if any.	

Jean Lathu

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.

Sean Lathi

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)