

10/8/21, 9:32 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000376162 3)))



H210003761623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DIGITAL TAX GROUP, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Professional Limited Liability Company is:

DIGITAL TAX GROUP, P.L.**ARTICLE II - Address:**

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

Principal Office Address:Mailing Address:5901 SW 74th ST, STE 303
SOUTH MIAMI, FL 331435901 SW 74th ST, STE 303
SOUTH MIAMI, FL 33143**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Professional 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:

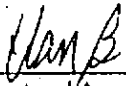
IAN PATRON BORRILLA

Name

5901 SW 74th ST, STE 303Florida street address (P.O. Box **NOT** acceptable)SOUTH MIAMI FL 33143

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

OCT - 8 PM 3:57

OCT - 8 PM 3:57

