L220000 47325

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dusiness Criticy Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
· · · · · · · · · · · · · · · · · · ·	

Office Use Only



700381366707

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/8/2022

NAME: DAY G NETWORKS LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Zoho Sign Document ID: XCCQXSC8PKROUQRNDCKUKGWIBTBV7CWDGUYU_8TYLLK

FILED SECRETARY OF STATE VICTOR OF CORPORATIONS ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 2022 FEB -8 PM 3: 05 ! Day G Networks, LLC (Must conatin 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: 9365 Dugard Ct. 9365 Dugard Ct. Orlando, FL 32827 Orlando, FL 32827 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: Olubisi O. Aina Name Florida street address (P.O. Box NOT acceptable) Orlando 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

Olubisi Aina

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

		~		
AR	. 1 2		I 1	IV.

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Olubisi O. Aina
	9365 Dugard Ct.
	Orlando, FL 32827
	~ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽ ∽
	2022
	8 25-
	<u>م</u> رکز م
	9 PH 3: 05
	05
(Use attachment if necessary)	- 5
(If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
REQUIRED SIGNATURE:	Olubisi Aina
	nember 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.

Olubisi O. Aina, Manager

Typed or printed name of signee