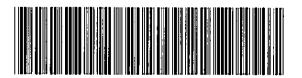
## LZZ000105766

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

Office Use Only



000383725870

93/16/22--01001--014 \*\*125.00

2022 HAR 15 PH 3: 11

J DENNIS MAR 15 2022

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Digital Lenz 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:
Jeffrey Austin
Name of Person
Firm/Company
24355 Lanier Street Address
Tallahassee Fia. 32310  City/State and Zip Code  Rondez 18 6 gmail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Katrina Shannon at (850) 273-0251  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓S125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  New Filing Section  The Centre of Tallahusser

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dividal Lear 116	
Digital Leaz LLC. (Must contain the words "Limited Liability Co	mpany, "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:

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seffice- Austin
Name

34355 Lanier Street

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

Tollahorsee Flor. 3.3310

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jeffrey Austin
	Tallahus re fla: 33310
	101(d)45 46 46 54516
AMBR	Katrina Shanner
	24355 Lunier Street
	Tallahassee Fla. 33310
(Use attachment if necessary)	
FICLE V: Effective date, if other than the c n effective date is listed, the date must be date of filing.) e: If the date inserted in this block does n	date of filing:
TCLE V: Effective date, if other than the confective date is listed, the date must be late of filing.)  e: If the date inserted in this block does n	date of filing:
FIGLE V: Effective date, if other than the confective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Department of the Department of the Utility of the provisions, if any.	date of filing:
TCLE V: Effective date, if other than the confective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Departm TCLE VI: Other provisions, if any.	date of filing:
TCLE V: Effective date, if other than the confective date is listed, the date must be late of filing.)  E: If the date inserted in this block does no locument's effective date on the Departm TCLE VI: Other provisions, if any.	date of filing:
ricle V: Effective date, if other than the confective date is listed, the date must be date of filing.)  ie: If the date inserted in this block does not document's effective date on the Departmuster.  Fig. 18. VI: Other provisions, if any.	date of filing:
TICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Departmuster.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing:
FICLE V: Effective date, if other than the can effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does n document's effective date on the Departm  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing:
FICLE V: Effective date, if other than the confederative date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of a signature o	date of filing:
PICLE V: Effective date, if other than the confederative date is listed, the date must be date of filing.)  te: If the date inserted in this block does not document's effective date on the Department of the Dep	date of filing:
ricle V: Effective date, if other than the confective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Department of the Departm	date of filing:
ricle V: Effective date, if other than the confective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Departmericle VI: Other provisions, if any.  REQUIRED SIGNATURE:	date of filing:

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)