

L22000257807

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.

(((H22000201912 3)))



H220002019123ABCT

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -9 AM 1:10

FILED

RECEIVED

2022 JUN -9 PM 4:43

REGISTRARS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
TEXTI DIGITAL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

716

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC")*

TEXTI DIGITAL LLC

ARTICLE II - Address:

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

11478 SW 237TH TERRACE

HOMESTEAD, FL 33032

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

PABLO CIFUENTES

11478 SW 237TH TERRACE

HOMESTEAD, FL 33032

ARTICLE IV-

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

PABLO CIFUENTES - MANAGER

11478 SW 237TH TERRACE - HOMESTEAD, FL 33032

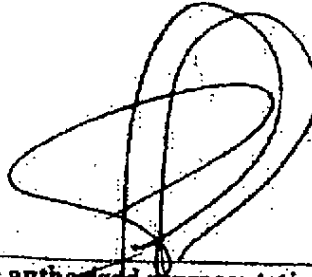
LEONARDO ESTEBAN CAMARGO - MANAGER

11478 SW 237TH TERRACE - HOMESTEAD, FL 33032

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2022 JUN -9 AM 1:10

FILED

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

LEONARDO ESTEBAN CAMARGO

PABLO CIFUENTES

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -9 AM 1:10

FILED