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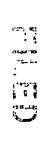
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SECSETARY OF STATE
TALLABASSEE, FL





COVER LETTER

TO:	New Filing Section Division of Communication
	Division of Corporations
SUBJE	CT:DIGIMIXDREAMS, LLC
	Name of Limited Liability Company
The enc	
Please re	osed Articles of Organization and fee(s) are submitted for filing.
- 12430 10	urn all correspondence concerning this matter to the following:
	TANGIA HADDOCK
	Name of Person
	Firm/Company
	1549 LAKE SIMS PARKWAY
	Address
	OCOEE, FLORIDA 34761
_	City/State and Zip Code DIGIMIXDREAMS23@GMAIL.COM
	E-mail address: (to be used for future annual
For further in	ormation concerning this matter, please call:
_	TANGIA HADDOCK 321 594-0700
	Name of Person
Enclosed is a	Daytine Telephone Number
□\$125.00 Fi	ing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address 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

_ DIGIMIXDRI					
(Must	contain the words "Limited	Liability Company, "L.	.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal (office of the Limited Liz	ability Company is:		
<u>Pri</u>	Principal Office Address: 1549 LAKE SIMS PARKWAY		<u>Mailing Address:</u> 1549 LAKE SIMS PARKWAY		
1549 LAKE SI					
OCOEE, FLO	RIDA 34761		E, FLORIDA 34761		
The name and the Florida st	reet address of the registere	d agent are:		(T) (T)	SE
The name and the Florida st	TANGIA HADDO	CK Name	ptable)	RETARY OF ST LLAHASSEE, F	2023 SEP -8 PH 3:
The name and the Florida st	TANGIA HADDOG	CK Name PARKWAY ss (P.O. Box NOT acce	ptable) 34761	RETARY OF STAND LLAHASSEE, FL	ထ
The name and the Florida st	TANGIA HADDO	CK Name PARKWAY	•	RETARY OF STAIL LLAHASSEE, FL	-8 PH 3:

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	TANGIA HADDOCK 1549 LAKE SIMS PARKWAY OCOEE. FLORIDA 34761	- - -
-		_
		,
		
		D)
(Use attachment if necessary) LEV: Effective date, if other than the	: date of filing: (OPTIONAL)	
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departi	e date of filing: ———————————————————————————————————	•
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not	•
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departitle VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.	•
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departruck LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is earn aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.	•
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departruck LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is earn aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member, xecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State tegree felony as provided for in s.817.155, F.S.	•

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)