

# 12400275564

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.

((H24000209845 3)))



H240002098453ABC1

**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 : CESPEDES CPA, INC  
Account Number : 120220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
DIGITAL PAY CONNECT USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
2024 JUN 18 PM 3:18  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

FILED  
2024 JUN 18 AM 9:06

**((H24000209845 3))****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

DIGITAL PAY CONNECT USA LLC

(Must contain 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:**11701 SW 7TH STPEMBROKE PINES FL 33025**Mailing Address:**11701 SW 7TH STPEMBROKE PINES FL 33025**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:

GARCIA ARAQUE, JHONNY J.

Name

11701 SW 7TH STFlorida street address (P.O. Box **NOT** acceptable)PEMBROKE PINES FL 33025

City

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..*

Johnny J. Garcia A  
Johnny J. Garcia A (FLA. REG. AGENT & 2024 JUN 18 09:06)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**((H24000209845 3))**2024 JUN 18 AM 9:06  
FILED  
JUL 30

(((H24000209845 3)))

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

GARCIA ARAQUE, JHONNY J.

11701 SW 7TH ST

PEMBROKE PINES FL 33025

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Johnny J Garcia A

Signature of a member 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.

GARCIA ARAQUE, JHONNY J.

Typed or printed name of signee

2024 JUN 18 AM 9:06  
FILED