## Florida Department of State

Division of Corporations



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To:

Division of Corporations

Fax Number

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from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:\_

## FLORIDA LIMITED LIABILITY CO. DIGIPLUS, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
DIGIPLUS, LLC						
(Must conta	in the words "Limited Li	ability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ad	dress of the principal off	ice of the Li	mited Liability Company is:			
U		<b></b>				
<u>Principa</u>	<u>l Office Address</u> :		Mailing Addre	<u>is</u> :		
. <u>3220 NW 5TH STREE</u>	ET .		3220 NW 5TH STREET			
APT: 208			APT: 208		_	
POMPANO BEACH, F	L 33069		POMPANO BEACH, FL 33069	**	_	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	cannot serve as its own R	legistered A	Agent's Signature: gent. You must designate an indi	zidual or		
The name and the Florida street a	ddress of the registered a	gent are:		- · C	2024 SEP 17	
•	JOSE R GORI				ርብ	1
		Name	· · · · · · · · · · · · · · · · · · ·			
•	3220 NW 5TH STREE	T. APT: 208		ار در در در د	•	76 ! [महत्त्र
Florida street address (P.O. Box NOT acceptable)			11 July 1	7	4 1	
	POMPANO BEACH	FL	33069	77.3 VIS	PH 4: 26	
	City	State	Zip	<u> </u>	26	

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)

ARTICLE IV- The name and address of each person authorized to	о manage	and control the Limited Liability Company:
Title:	.,	

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR	JOSE R GORI 3220 NW 5TH STREET, AF POMPANO BEACH, FL 330	27: 208 069		
D	JOSE ROBERTO PEREZ - 3220 NW 5TH STREET. AP POMPANO BEACH, FL 330	T: 208		
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specified the date of filling.)  Note: If the date inserted in this block does not mee the document's effective date on the Department of States.	the applicable entries.		or:90	
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESSES	State's records.	TOF S	7 PH 4	
		<u>```</u>	- <del></del>	

REQUIRED SIGNATURE:

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.

JOSE R GORI

Typed or printed name of signee