

**L24000459754**

Division of Corporations

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.**

(((H24000360539 3)))



H240003605393ABC%

**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 : COMITER & SINGER, LLP  
Account Number : 120000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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

Email Address: corporate@comitersinger.com

**FLORIDA LIMITED LIABILITY CO.**  
**Mamls Digitales LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2024  
1500 N. Highway  
1880 245-6052  
COMITER & SINGER, LLP

1500 N. Highway  
1880 245-6052  
COMITER & SINGER, LLP

SUBJECT: MAMIS DIGITALES LLC  
REF: W24000147371

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: E24000360539  
Letter Number: 624A00023900

H24000360539 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mamis Digitales 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:

Devon M. Goldberg, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Byers

561

626-2101

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 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

H24000360539 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Mamis Digital 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:

Having the

place design

further

at the

Principal Office Address:181 Crandon Blvd, Apt 110Key Biscayne, FL 33149Mailing Address:181 Crandon Blvd, Apt 110Key Biscayne, FL 33149

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Marc Carreras Comes

Name

181 Crandon Blvd, Apt 110Florida street address (P.O. Box **NOT** acceptable)Key Biscayne

City

FL

State

33149

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.


  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000.360539 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

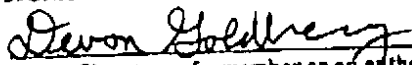
**Name and Address:**MGR
Cajal LLC  
181 Crandon Blvd, Apt 110  
Key Biscayne, FL 33149

(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:**


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.

Devon M. Goldberg, Authorized Representative  
 Typed or printed name of signee

**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)