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Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	SUBJECT: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
FROM: Martyann Sawyer Name (Printed or typed)	Enclosed are an original and one (1) copy of the articles \$70.00 \$78.75 Filing Fee Filing Fee	\$78.75 Filing Fee & Certified Copy & Certificate of Status
		(Printed or typed)
Address Windermere, F2 32/786 City, State & Zip Daytime Telephone number Kaylesmon & CFL rr. Com JE-mail address: (to be used for future annual report notification)	Windermere, City, 5 407-921-188 Daytime Te	Address F2 32/786 State & Zip State & Zip elephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	Digit, Inc				
ARTICLE II PRINCIPAL OFFICE Principal street add	='	Mailing a	Mailing address, if different is:		
6527 Crestman Windermere, F	nt-Glenlane 2 34786				
ARTICLE III PURPOSE The purpose for which the corporation is or	rganized is:				
The number of shares of stock is:					
Name and Title: MOrty Con Sa Address: 6527 Crost m	wyer - President	Address:			
Name and Title: Wartian Se Address: 4527 Crestm	awyer - Secretary Ent 660 Lane E 34786	Name and Title:Address:			
Name and Title:Address:		Name and Title:Address:			
RTICLE VI REGISTERED AGEN he name and Florida street address (P.O. Name: MATYUAAS Address: (6527 Cresty	Box NOT acceptable) of the	e registered agent is:	2011 JAN - 7		
RTICLE VII INCORPORATOR ne name and address of the Incorporator is Name: Address: (6527 CY45	Sawyer strynt Glen La	೧୧	PH I: 44		
aving been named as registered agent to a significate, I am familiar with and accep	accept service of process fo	or the above stated corpo			
Required Signatur	re/Registered Agent		12/22/10 Date		
submit this document and affirm that the locument to the Department of State constitution	facts stated herein are tri				

Required Signature/Incorporator