

W5000045646

(R) _____ (Resident's Name)

(A) _____ (Address)

(A) _____ (Address)

(C) _____ (State/Zip/Phone #)

PICK-UP WAIT MAIL

(E) _____ (Employer's Entity Name)

(L) _____ (License Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Issuing Officer: _____

Office Use Only



400042358634

11/03/04--01012--009 **70.00

05/06/05--01067--026 **55.00

LOS-45646
[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 8, 2004

SUZANNE C. CLAY
5992 PARK PLACE DRIVE
PORT ORAN FL 32127

SUBJECT: POKER CONSULTANTS LLC
Ref. Number: 04000040991

We have received your document for POKER CONSULTANTS LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the closed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 104A00063834

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOV 11 11:54 AM '04

TRANSMITTAL LETTER

Department of ~~ate~~
Division of ~~orations~~
P. O. Box 632
Tallahassee, F 32314

SUBJECT: OKER CONSULTANTS LLC
~~(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)~~

Enclosed are original and one (1) copy of the articles of incorporation and a check for:

\$70.
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SUZANNE S. CANTLAY
Name (Printed or typed)

5992 PARK RIDGE DRIVE
Address

PORT ORANGE, FL 32127
City, State & Zip

(386) 299-4443
Daytime Telephone number

1-21-93
JAN-6 PM 1:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Date: Apr 30, 2005

To: Registration Section
Division of Corporations

Subject: Poker Consultants LLC

Document Number: W04000040991

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne S. Clayton
Poker Consultants LLC
5992 Park Ridge Drive
Port Orange FL 32127

For further information concerning this matter, please call:

Suzanne S. Clayton (386) 299-4443.

Enclosed is a check for the following amount:

\$55.00. A previous check in the amount of \$70.00 was sent and is on file with the
Division of Corporations (Document Number W04000040991).

2005 MAY -6 PM 1:58
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

For

POKER CONSULTANTS LLC

ARTICLE NAME

The name the corporation shall be Poker Consultants LLC.

ARTICLE ADDRESS

The mail ; address and street address of the principal office of the Limited Liability
Compan ; 5992 Park Ridge Drive, Port Orange, FL 32127.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT SIGNATURE

The na and the Florida Street Address of the registered agent and the registered office
are:

Suzan S. Cantlay
5992 k Ridge Drive
Port C nge, FL 32127

Havi been named as registered agent and to accept service of process for the above
state limited liability company at the place designated in this certificate, I hereby accept
the e ountment as registered agent and agree to act in this capacity. I further agree to
com with the provisions of all statutes relating to the proper and complete
perf nance of my duties, and I am familiar with and accept the obligations of my
pos n as registered agent as provided for in Chapter 609, F.S.

Suzanne S. Cantlay

SECRETARY OF STATE
FLORIDA
JAN 11 9 11 AM '06

ARTICLE 7 Manager

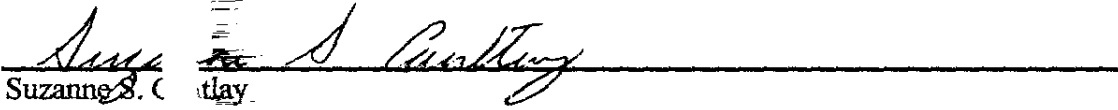
The name and address of this company's sole manager is:

Manager
Suzanne S. Cantlay
5992 Parkridge Drive
Port Orange, FL 32127

Signature of Manager



I accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Suzanne S. Cantlay

2016 MAY -6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA