Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone

: (800)342-9856

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: (800)354-3381

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PLAYRITE ENTERPRISES LLC

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

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

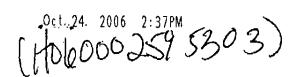
The name of the Limited Liability Company is:				
PLAYRITE ENTERPRISES LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
7320 Griffin Road	7320 Griffin Road			
Suite 104	Suite 104			
Davie, FL 33314	Davie, FL 33314			
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: Eric Krisman Name				
Eric Krisman				
Name				
7320 Griffin Road, Suite Florida street addr	ress (P.O. Box NOT accentable)			
Davie City, State, at	FL 33314 BH 33			

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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(thous 259 5303)



ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Manag		Name and Address:	
MGRM	-	Eric Krisman 7320 Griffin Road, Suite 104	
		Davie, FL 33314	
	-		
<u></u>	- ,		
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(Use attachment if	necessary)	· ·	
(If an effective date is lister to or 90 days after the date	d, the date must be sp of filing.)	e of filing: (ecific and cannot be more than five bu	OPTIONAL) isiness days prior
REQUIRED SIGN	NATURE:		06 OCT SECRE: TALLAH
(I	n accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	24 AM 24 AM ASSEE, I
<u> 1</u>	Eric Krisman Typed	or printed name of signee	8: 33 STATE FLORIDA