

L130000035988

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(Address)

(Address)

(City/State/Zip/Phone #)

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03/08/13--01033--001 **130.00

Effective Date 3/1/13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -8 PM 12:30

MAR 11 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Gamering Finance, 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:

Jan Milestone, Esquire

Name of Person

Muroff, Milestone & Milestone

Firm/Company

2999 NE 191st Street, Suite 709

Address

Aventura, FL 33180

City/State and Zip Code

tatianabuchilin@msn.com

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

For further information concerning this matter, please call:

Jan Milestone

Name of Person

at (**305**) **682-2324**

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MUROFF, MILESTONE AND MILESTONE

ATTORNEYS AT LAW

NEIL A. MILESTONE
neil@mmmtitle.com

JAN MILESTONE
jan@mmmtitle.com

MELVIN I. MUROFF
(1917-1992)

CONCORDE CENTRE II, SUITE 709
2999 NORTHEAST 191st STREET
AVENTURA, FLORIDA 33180
TELEPHONE (305) 682-2324
BROWARD (954) 454-4522
FAX (305) 682-2327

March 6, 2013

By FedEx

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Corporate Formation / Certificate of Good Standing

To whom it may concern:

Enclosed please find our check in the amount of \$130.00, as payment for the formation of the following limited liability company, as well as a Certificate of Good Standing for the following:

Gamerling Finance, LLC

Kindly return the Certificate of Good Standing Certificates to us in the enclosed return envelope.

Thank you for your anticipated cooperation.

Very truly yours,


JAN MILESTONE, ESQ.
JM/tt/mp

Effective Date 3/1/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C
Camering Finance, LLC

(Must end with 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:

Principal Office Address:

18201 Collines Avenue, Apt. 4507
Sunny Isles Beach, FL 33009

Mailing Address:

18201 Collines Avenue, Apt. 4507
Sunny Isles Beach, FL 33009

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:

Tatiana Pavlova-Buchilin

Name

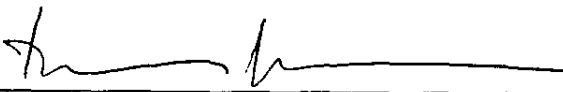
2370 NE 213th Terrace

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33180

City, State, and 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 608, F.S.

x 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Oleg Aleksandrovich Nezhivoi

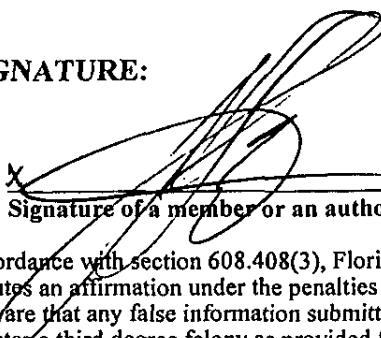
18201 Collins Avenue, Apt. 4507

Sunny Isles Beach, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 1, 2013 ~~February 28, 2013~~. (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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In 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. 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.)

Oleg Aleksandrovich Nezhivoi

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)