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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

players of miami, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLAYERS OF MIAMI, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:30 NE 11th Street, Miami, Fla**Mailing Address:**6520 NW 77 Court, Miami, Fla 33166**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CRAIG D. SAVAGEName801 NE 167th Street #302Florida street address (P.O. Box NOT acceptable)N Miami Beach, FLORIDA 33162City, 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, Florida Statutes.


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

THIS INSTRUMENT PREPARED BY:
CRAIG D. SAVAGE, PA
801 NE 167th Street #302
North Miami Beach, Fla 33162
PRN #164992

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STATE
TALLAHASSEE, FL

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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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Chris Mingilino</u>
	<u>6520 NW 77 Court, Miami, Fla 33166</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)
Craig D. Savage
 Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Filing Fees:
 \$100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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