

L22000136591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

22 MAR 28 AM 6:47

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2022

ROBERT ALLEN GREEN III  
1813 SW 65TH DRIVE  
GAINESVILLE, FL 32607 US

SUBJECT: VICIOUS GAMING  
Ref. Number: W22000035046

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TALLAHASSEE FLORIDA

We have received your document for VICIOUS GAMING and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 522A00006353

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DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Vicious Gaming 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:

**Robert Green 3rd**

Name of Person

**Vicious Gaming LLC**

Firm/Company

**1813 SW 65th Drive**

Address

**Gainesville, FL 32607**

City/State and Zip Code

**viciousgamingllc@icloud.com**

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

For further information concerning this matter, please call:

**Kristal Green**

at

**352**

**842-9603**

Name of Person

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 copies enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**Vicious Gaming LLC**

(Must contain 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:

**7901 4th St N STE 300**

**St. Petersburg FL**

**7901 4th St N STE 300, St. Petersburg, FL 33702**

Mailing Address:

**7901 4th St N STE 300**

**St. Petersburg FL 33702**

**7901 4th St N STE 300, St. Petersburg, FL 33702**

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:

**Registered Agents Inc.**

Name

**7901 4th St N STE 300**

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

**St. Petersburg**

**FL**

**33702**

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

MGR-Robert Green 3rd

1813 SW 65th Drive

Gainesville, FL 32607

Manager

MGR-Kristal Green

1813 SW 65th Drive

Gainesville, FL 32607

Member

Member

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Robert Green 3rd

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Robert Green 3rd

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)

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