

LO3000004708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

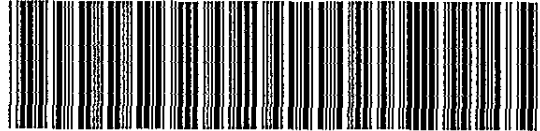
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

703A000014169

Office Use Only



800013135528

03/05/03--01022--006 \*\*125.00

FILED  
03 MAR -5 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

TRANSMITTAL LETTER

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

FILED  
03 MAR -5 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: WYSIWYG Gaming, LLC  
(proposed Limited Liability Company name – must include suffix)

Enclose is an original and one (1) copy of the articles of organization for a Florida Limited Liability Company and a check in the amount of \$125.00 issued to **Florida Department of State**:

FROM: WYSIWYG Gaming, LLC  
Name (Printed or typed)

% Chick & Karo CPA's P.A.  
115 S. W. 89<sup>th</sup> Way  
Address

Coral Springs, FL 33071  
City, State & Zip

(954) 753-7957  
Daytime Telephone number

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I Name:**

The name of the Limited Liability Company is:

WYSIWYG Gaming, LLC

**ARTICLE II Address:**

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

115 SW 89<sup>th</sup> Way  
Coral Springs, Florida 33071

**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Alice Chick

Name  
115 SW 89<sup>th</sup> Way

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

Coral Springs, Florida 33071

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.*



Registered Agent's Signature

**ARTICLE IV Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)



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.)

Alice Chick

Typed or printed name of signee

**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)

FILED  
03 MAR -5 AM 9:05  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT