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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

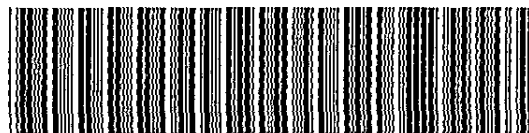
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04 MAR - 1 AM 10:17  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POMPANO BEACH CASINO DEALER SCHOOL  
(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:

WILLIAM V. HENRY  
(Name of Person)

POMPANO BEACH CASINO DEALER  
(Firm/Company) SCHOOL LLC

1631 S FEDERAL HWY 260  
(Address)

POMPANO BEACH FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM V. HENRY at (985) 328-2411  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POMPANO BEACH CASINO DEALER SCHOOL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1630 S FEDERAL Hwy 210  
POMPANO BEACH FL  
33062

S A M E  
\_\_\_\_\_  
\_\_\_\_\_

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

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

WILLIAM VINEYARD  
Name

1631 S FEDERAL Hwy 210  
Florida street address (P.O. Box NOT acceptable)

POMPANO BEACH FLORIDA  
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, Florida Statutes..*

WGO  
Registered Agent's Signature

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SECTION 608.408(3), FLORIDA  
TALLAHASSEE, FLORIDA

**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

WILLIAM VINEYARD  
1631 S FEDERAL HIGHWAY #210  
POMEROY BEACH, FL 33069

MGRM

WILLIAM M SMITH  
1631 S FEDERAL HIGHWAY #210  
POMEROY BEACH, FL 33069

MGRM

JACK E BROWN JR.  
330 FT. PICKENS RD #APT 6  
PENSACOLA, FL 32561

(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.)

WILLIAM VINEYARD

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)