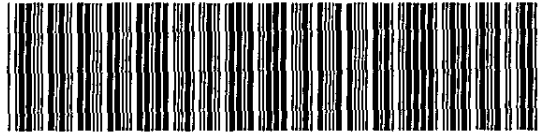


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 566508 81081A  
AUTHORIZATION : *Patricia Pizuto*  
COST LIMIT : \$ 125.00

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04 APR 14 PM 5:15  
TALLAHASSEE, FLORIDA

ORDER DATE : April 14, 2004  
ORDER TIME : 10:21 AM  
ORDER NO. : 566508-005  
CUSTOMER NO: 81081A  
CUSTOMER: Ms. Georgiana Dambra  
Alexander Dambra & Duhl, P.a.  
Suite 201  
5737 Okeechobee Boulevard  
West Palm Beach, FL 33417

DOMESTIC FILING

NAME: JACKPOT BINGO OF THE PALM BEACHES, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935  
EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
04 APR 14 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Jackpot Bingo of the Palm Beaches, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

2845 N. Military Trail

West Palm Beach, FL 33409

**Mailing Address:**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agents Signature:**

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

Georgiana F. Dambra

Name

5737 Okeechobee Blvd., Suite 201

Florida Street address (PO Box **NOT** acceptable)

West Palm Beach, Florida 33417

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 designed 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 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.*

BY: \_\_\_\_\_

Registered Agent's Signature

**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

Christine King James

3148 Garden Lane

Lake Worth, Florida 33461

MGRM

Dian Snyder

6133 Elsinore Circle

Greenacres, Florida 33463

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Christine King James*  
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.)

Christine King James  
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)