10500012332

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	<u>-</u>	
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	2)	
(Document Number)			
Certified Copies	_ Certificates of	of Status	
Special Instructions to I	Filing Officer:	LC	
			

Office Use Only



200045424432



01/31/05--01052--013 **125.00

05 UH 31 BH 1:50

TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT: Naples Po			
	(Name of Limited	l Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Jenny Pf			
	(1	Name of Person)	
Napies Poker Leagu		<u></u>	
	(I	Firm/Company)	
275 Glen Ea	agle Circle		· · · · · · · · · · · · · · · · · · ·
		(Address)	
Naple	s, FL 34104	St. A. a. (2° 0.2)	
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Jenny Pfaff		at (239) 784-4787	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
☑ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

The second second

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

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
Napies Poker League, LLC				
ARTICLE II - Address: The mailing address and stree	t address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
275 Glen Eagle Circle	275 Glen Eagle Circle			
Naples, FL 34104	Naples, FL 34104			
The name and the Florida stree Jenny Pfaff 275 Glen E	Name Range Gircle			
	Florida street address (P.O. Box NOT acceptable)			
Naples	FL 34104			
	City, State, and Zip			
liability company at the pla registered agent and agree to statutes relating to the prope	ered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all are and complete performance of my duties, and I am familiar with and by position as registered agent as provided for in Chapter 608, F.S			
	enny from Call			

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:
The state of the s	
MGRM	Louis Pfaff
	275 Glen Eagle Circle
	Naples FL 34104
MGRM	Terry Wooten
	P.O. Box 366896
	Bonita Springs, FL 34136
(Use attachment if necessary)	
	e added if an effective date is requested.
REQUIRED SIGNATURE:	.,
Vau	
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated here.)	606.408(3), Florida Statutes, the execution the an affirmation under the penalties of perjury on are true.)
Louis Pfaff	
Туре	d 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)