

L05000028856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

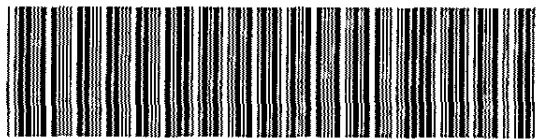
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

U/No 3/23/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POKER BANDS, 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:

GIL CASTILLO

(Name of Person)

POKER BANDS, LLC

(Firm/Company)

400 ALTON ROAD, #703

(Address)

MIAMI BEACH, FLORIDA 33139

(City/State and Zip Code)

W05-12908

For further information concerning this matter, please call:

GIL CASTILLO

(Name of Person)

at (305)

984-9690

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

WAS PAID VIA Credit Card

☒ \$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 copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 11, 2005

GIL CASTILLO
POKER BANDS, LLC
400 ALTON ROAD, #703
MIAMI BEACH, FL 33139

SUBJECT: POKER BANDS, LLC
Ref. Number: W05000012900

We have received your document for POKER BANDS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Your cover letter refers to a credit card payment, but we do not accept credit card payments for these filings. The only filings which are payable by credit cards are filings made on our website.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 505A00016993

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POKER BANDS, LLC

ARTICLE II - Address:

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

Principal Office Address:

400 ALTON ROAD, #703
MIAMI BEACH, FLORIDA 33139

Mailing Address:

SAME

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

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

GIL CASTILLO

Name

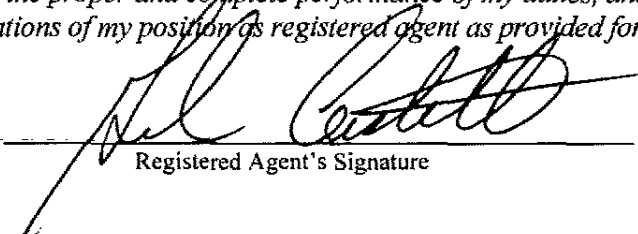
400 ALTON ROAD, #703

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

MIAMI BEACH, FL 33139

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

(CONTINUED)

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SECRETARY OF STATE

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:

MGR

GIL CASTILLO

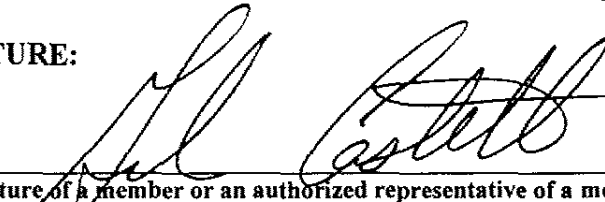
400 ALTON ROAD, #703

MIAMI BEACH, FLORIDA 33139

(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.)

GIL CASTILLO

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)

*PAID VIA
Credit Card*

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