

LOS000036002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

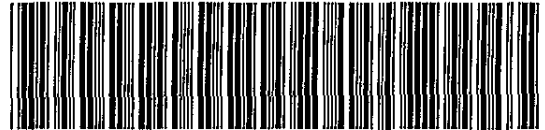
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100050051361

04/11/05--01044--010 \*\*160.00

05 APR 11 PM 10:08  
STATE OF MICHIGAN  
RECEIVED

FILED

4/13/05  
MS



**THE LAW OFFICE OF  
KEVIN F. JURSKINSKI, P.A.**

Real Estate, Business, Sports And Entertainment Law  
Florida Board Certified Real Estate Attorney

August 20, 2004

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: PLAYERS ARCADE, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee, Certificate of Status and a certified return copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

A handwritten signature in black ink, appearing to read 'KFJ', is written over the printed name.  
KEVIN F. JURSKINSKI

KFJ/h  
Enclosure

f:\client\Marinella\LC Sec of State ltr 040705

05 APR 11 AM 10:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
PLAYERS ARCADE, LLC**

The undersigned members hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**NAME**

The name of the limited liability company shall be PLAYERS ARCADE, LLC (the "Company").

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be P.O. Box 60424, Fort Myers, Florida 33906.

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida is as follows:

Kevin F. Jursinski, Esquire  
7800 University Pointe Drive  
Suite 200  
Fort Myers, Florida 33907

**MANAGEMENT**

The Company shall be manager-managed.

FILED  
05 APR 11 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MEMBERSHIP**

The Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

**EFFECTIVE DATE OF FILING**

Pursuant to Florida Statute 608.409 the effective date of filing of these article of organization and commencement of the existence of this Limited Liability Company shall be the date filed with the Secretary of State.

Executed by the undersigned members at Fort Myers, Florida, on this 6<sup>TH</sup> day of APRIL, 2005.



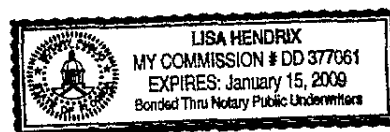
**MIKE MARINELLA**  
Authorized Representative

STATE OF FLORIDA  
SS:  
COUNTY OF LEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, to take acknowledgements, personally appeared MIKE MARINELLA, ~~to me known to be the person described herein or who produced~~ Florida Drivers License as identification, and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 6<sup>th</sup> day of April, 2005.

  
NOTARY PUBLIC  
(SEAL)



FILED  
05 APR 11 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE  
AND REGISTERED AGENT**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is PLAYERS ARCADE, LLC.

The name of the initial registered agent of the limited liability company is Kevin  
F. Jursinski, Esquire and the address of the office of the registered agent is 7800  
University Pointe Drive, Suite 200, Fort Myers, Florida 33907.

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6<sup>th</sup> day of April, 2005.

  
KEVIN F. JURSKINSKI, ESQUIRE

05 APR 11 AM 10:08  
FILED  
SECRETARY OF STATE  
FLORIDA