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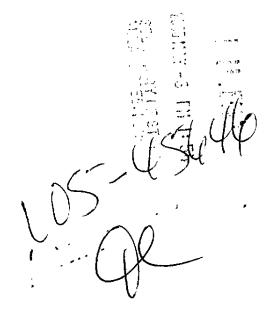
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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 8.

SUZANNE C 5992 PARK F

PORT ORAN

III AY IGE DRIVE IFL 32127

SUBJECT: Pt Ref. Number:

ER CONSULTANTS LLC 04000040991

We have rece totaling \$70.0 However, the for the following dyour document for POKER CONSULTANTS LLC and check(s) of which \$70.00 has been designated to file this document. closed document has not been filed and is being returned to you reason(s):

There is an ac for a breakdow money is propo ional amount of \$55.00 due. Refer to the attached fee schedule of the fees. Please return a copy of this letter to ensure your credited.

The fees to file Liability Comp designation fe requested (opti Florida Limited Liability Company or register a Foreign Limited are as follows: \$100 filing fee; and \$25 registered agent Please include an additional \$30 for each certified copy and \$5.00 for each certificate of status requested (optional).

We are enclosid

the proper form(s) with instructions for your convenience.

Please return y your filing will b

redocument, along with a copy of this letter, within 60 days or onsidered abandoned.

If you have an (850) 245-6020.

questions concerning the filing of your document, please call

Tammi Cline Document Spec

Letter Number: 104A000638346

## TRANSMITTAL LETTER

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Division of Co	omitions					
P. O. Box 632	32314					
Tallahassee, F	)2314					
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SUBJECT: _	OKER CONSULTANTS (PROPOSED CORPORA)	40				
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
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	<u>=</u> _					
Enclosed are ar	osed are ar iginal and one (1) copy of the articles of incorporation and a check for:					
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<b>⊠</b> \$70.	<sup>≅</sup> □ \$78.75	<b>□</b> \$78.75	\$87.50			
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Date: Ar 30, 2005

To: Re tration Section

Diversion Corporations

Subject: P ex Consultants LLC

Document mber: W04000040991

The enclose Articles of Organization and fee are submitted for filing.

Please retur licorrespondence concerning this matter to the following:

Suzanne S. ntlay
Poker Consi unts LLC
5992 Park R p. Drive
Port Orange L32127

For further in rmation concerning this matter, please call:

Suzanne S. C tlay (386) 299-4443.

Enlcosed is a cek for the following amount:

\$55.00. A pr Ons check in the amount of \$70.00 was sent and is on file with the Division of C Occument Number W04000040991).

#### ARTICLES OF ORGANIZATION

#### For

#### POKER CONSULTANTS LLC

ARTICLE NAME

The name the corporation shall be Poker Consultants LLC.

ARTICLE - ADDRESS

The mail ; address and street address of the principal office of the Limited Liability

Compan : 5992 Park Ridge Drive, Port Orange, FL 32127.

ARTICI III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED

AGENI SIGNATURE

The na and the Florida Street Address of the registered agent and the registered office

are:

Suzan S. Cantlay

5992 k Ridge Drive Port ( nge, FL 32127

Havi been named as registered agent and to accept service of process for the above state united liability company at the place designated in this certificate, I hereby accept the ε outment as registered agent and agree to act in this capacity. I further agree to

com / with the provisions of all statutes relating to the proper and complete

perf name of my duties, and I am familiar with and accept the obligations of my

pos mas registered agent as provided for in Chapter 609, F.S.

report of Curthey

ARTICLI - Manager

The name ud address of this company's sole manager is:

Country

anthy

Manager

Suzanne Santlay
5992 Park idge Drive
Port Oran; FL 32127

Signature :

Manager

I accordanc constitutes a

true.

rith section 608.408(3), Florida Statues, the execution of this document affirmation under the penalties of perjury that the facts stated herein are

Suzanne 8. (

tlay