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TRANSMITTAL LETTER

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

SLOTS USA, LLC.

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 Filing Fee, Filing Fee Filing Fee & Certified Copy Certificate of & Certificate **Status** ADDITIONAL COPY REQUIRED FROM: RONALD L. DAVIS, ESQ. Name (Printed or typed) SUITE 200 1550 N.E. MIAMI GARDENS DRIVE Address NORTH MIAMI BEACH, FLORIDA 33179 City, State & Zip

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company

SLOTS USA, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: SUITE 200, KISLAK NATIONAL BANK BLDG.-1550 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FLORIDA 33179

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

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

	RONALD L. DAVIS, ESQ.
	Name
	SUITE 200
-	Florida street address (P.O. Box NOT acceptable)
	1550 N.E. MIAMI GARDENS DRIVE
	City, State, and Zip NORTH MIAMI BEACH, FLORIDA 3317

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.

Aegister d Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional mich must be added if an effective date is requested)

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.)

RONALD L. DAVIS, ESQ.

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)

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act: First---That_ SLOTS USA, LLC. desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the articles of incorporation at City of NORTH MIAM# BEACH ___ County of DADE ____, State of ____FLORIDA MIAMI RONALD L. DAVIS, ESQ. has named SUITE 200 located at 1550 N.E. MIAMI GARDENS DRIVE (Street address and number of building, Post Office Box address not acceptable) City of NORTH MIAMI BEACH , County of DADE State of Florida, as its agent to accept service of precess; within this state. (MUST BE SIGNED BY DESIGNATED AGENTAL) ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

ONALD L. DAVIS, ESQ. (Resident Agent)

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