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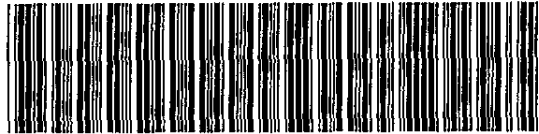
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05 JUL 12 AM 9:32  
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TALLAHASSEE, FLORIDA

05 JUL 13 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Perfect Game Entertainment, 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:

Breck Brannen  
(Name of Person)

Pennington Law Firm  
(Firm/Company)

P.O. Box 10095  
(Address)

Tallahassee FL 32302-2095  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Roberts at ( 850 ) 222-3533  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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

FILED  
05 JUL 13 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
PERFECT GAME ENTERTAINMENT, LLC

FILED  
05 JUL 13 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Tallahassee Perfect Game Entertainment, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida, including but not limited to the ownership of any interests in real and personal property. The Company shall have all of the powers vested in a limited liability company organized

and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 7207 Ox Bow Circle, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Jake Whitfield, and the initial registered office is located at 3204 Horseshoe Trail, Tallahassee, Florida 32312.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any

other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be managed by one or more Managers. The initial Managers are:

<u>Name</u>	<u>Address</u>
Jake Whitfield	3204 Horseshoe Trail Tallahassee, Florida 32312
Mark Whitley	7207 Ox Bow Circle Tallahassee, Florida 32312

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member acting in its management capacity to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on this 13<sup>TH</sup> day of July,  
2005.

By: J. D. Whitfield  
Jake Whitfield, Member

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 13<sup>th</sup>  
day of July, 2005, by Jake Whitfield, Member of Perfect Game  
Entertainment, LLC, a Florida limited liability company, on behalf  
of the company. He is personally known to me or has produced  
\_\_\_\_\_ as identification.

Renee Traynor  
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary  
Public



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Perfect Game Entertainment, LLC
2. The name and address of the registered agent and office is:

Jake Whitfield  
(NAME)

3204 Horseshoe Trail  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32312  
(CITY/STATE/ZIP)

By: J. D. Whitfield  
          Jake Whitfield, Member  
DATE 7/13/05

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.

SIGNATURE J. D. Whitfield  
DATE 7/13/05

REGISTERED AGENT FILING FEE: \$25.00