

L05000082168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

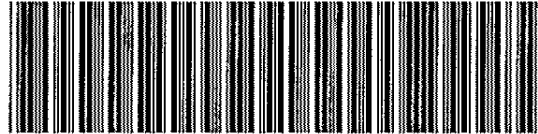
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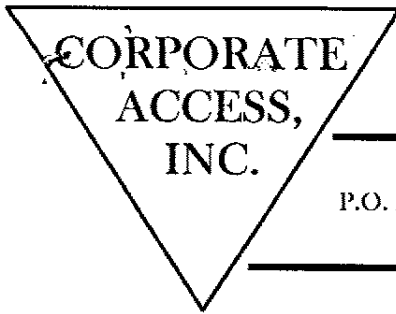
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EFFECTIVE DATE
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WALK IN

PICK UP:

8/19/05 *Minda*

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LLC

1. Florida Poker Face, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**Articles of Organization
Florida Poker Face, LLC**

Article I

The name of the Limited Liability Company is:

Florida Poker Face, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
14545-J, Military Trail, Suite #170, Delray Beach, FL 33484

The mailing address of the principal office of the Limited Liability Company is:
14545-J, Military Trail, Suite #170, Delray Beach, FL 33484

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is: Corporate Access, Inc. 236 E. 6th Ave.
Tallahassee, FL 32303

Article V

EFFECTIVE DATE: These articles are filed effective August 15, 2005.

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: 

Signature of member or authorized representative of member: 

Sean Caplen, Manager
14545-J Military Trail, Suite 170
Delray Beach, FL 33484

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