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(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:				
Eric GAVE				
AUTHORIZATION BY PHÓNETO CORRECT effective date DATE 9/11/06				
CORRECT effective date				
DATE 911/06				
DOC. EXAM				

Office Use Only



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8/24/06

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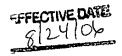
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SECRETARY OF STATE
ALL AHASSEF ELOBOR

SEP - 1 2006

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	SUBJECT: THE GAMES COMPANY LLC (Name of Limited Liability Company)				
The enck	ed Articles of Organization and fee(s) are submitted for filing.				
Please ret	n all correspondence concerning this matter to the following:				
	KAREN MARASLE (Name of Person)				
	(Name of Person)				
	THE GAME COMPANY LLC				
_	(/irm/Company)				
	8236 GLADES RD				
	8236 GLADES RD (Address)				
	BOCA PLYON FL 33433 (City/State and Zip Code)				
_	(City/State and Zip Code)				
For furthe	information concerning this matter, please call:				
٤	(Name of Person) at (561) 483-9991 (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
	s a check for the following amount:				
\$125. 0	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \\ \bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \\ \end{additional copy is enclosed} \end{additional copy is enclosed}				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li		lity Company is:		•		
THE 6	AMCs	Company,	LL, C, ed Company" or their abbreviation			
Must end with the words	"Limited Liabi	lity Company, Limit	ed Company" or their abbreviation	"LLC," or "L.C.,")		
ARTICLE II - Ad The mailing addres		address of the p	rincipal office of the Limit	ed Liability Co	mpan	y is:
Principal Office A	ddress:		Mailing Address:			
8236 GARES	AD FL 334)	7)	8236 614088 BOCA RATON FL	10 - 33423 _	- -	
	mpany cannot s	serve as its own Regis	I Office, & Registered Agetered Agent. You must designate a	n individual or anoth	CT	
The name and the F			registered agent are:	SECRET/ ALLAHA	DE AUG :	זר
ERIC FRANCE Name				SSE	<u> </u>	E
	82	36 614065 A Florida street ad		SECRETARY OF STATE TALLAHASSEE, FLORIDA	PM 12: 05	ED
		City State	and 7 in			

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE	IV-	Manager	s) or	Managing	Membert	5):
****	- •	***********	.,	*		,-

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	EPIL FRANCESE FLISH GLADES RD BOUR RATION FL 13437	
MGR	KAREN MANASCO E226 GLADES RD BOCK NAMEN FO 33433	
MGR	PETER MARASCO 8236 GLADES RO BACK RATON FL 33433	
		•
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	to date of filing: $8/24/06$. (OPTIO	NAL)
	e specific and cannot be more than five business	,
REQUIRED SIGNATURE:	SECRETAFI TALLAHAS	FILE
Signature of a membe	er or an authorized representative of a member.	
(In accordance with se of this document const that the facts stated I	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	ED PM12: 05
Eeic FA	ANCES C yped or printed name of signee	
13	/ped of printed fixine of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)