

L080000021606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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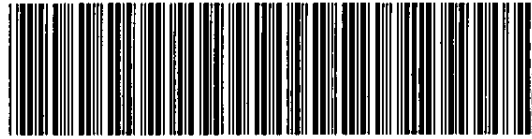
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 FEB 29 AM 11:12
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 FEB 29 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan FEB 29 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pi and CHiPS Game Design 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:

Adam Harte

(Name of Person)

(Firm/Company)

2020 Continental Ave Apt. 140

(Address)

Tallahassee, FL. 32304

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Grifin

(Name of Person)

at (850) 591-0432

(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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pi and CHiPS Game Design LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2020 Continental Ave
Apt. 140
Tallahassee, FL. 32304

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Will Applebee

Name

3700 Capital Circle SE Apt. 118

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State, and Zip

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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..

Will Applebee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager
 "MGRM" = Managing Member

Chris Griffin
2750 Old St. Augustine Rd. Apt P157
Tallahassee, FL. 32301

MGR

Adam Harte
2020 Continental Ave Apt. 140
Tallahassee, FL. 32304

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Chris Griffin

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA