

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000232854 3)))



HOROGO2328543ARC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

OCT -9 AM 8:51
RETARY OF STATE
AHASSEF, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RIO ARCADE ENTERTAINMENT, LLC.

RECEIVED

8 OCT -9 PH 2: 10

NEGRETATE CF STATE
ALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	. 1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

OCT 1 0 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000232854)))

	,	
ARTICI ES OF ORCANIZATION FOR	ET ORIDA I IMITED	LIABILITY COMPANY

AR.	LICLI	ЕĮ	- N	ame:
The	name	of	the	Limit

ted Liability Company is:

RIO ARCADE ENTERTAINMENT, 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:
17636 S.W. 137 AVENUE	11300 N.W. 87 COURT
MIAMI, FL 33177	SUITE: 106
,	HIALEAU CARDENE EL 22018

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:

11300 N.W. 87 COURT, SUITE: 106 Florida street address (P.O. Box NOT acceptable) HIALEAH GARDENS FL City, State, and Zip 33018

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 pertificate, 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.

(CONTINUED) Page 1 of 2

(((H08000232854)))

<u>Title:</u>	Name and Address:	
"MGR" - Manager		
"MGRM" = Managing Member	•	
MGRM	SEBASTIAN MOSSE	_
	11300 N.W. 87 COURT, SUITE: 106	
•	HIALEAH GARDENS, FL 33018	-
MGRM	ARNOLD MOSSE	
	11300 N.W. 87 COURT, SUITE: 106	•
	HIALEAH GARDENS, FL 33018	
	•	
•		
· · ·		
		•
77		
(Use attachment if necessary)		
LEV: Effective date, if other than	a the date of filing: (OPTIC	
LE V: Effective date, if other than ffective date is listed, the date mu	n the date of filing: (OPTIC ast be specific and cannot be more than five business	
LEV: Effective date, if other than		
LE V: Effective date, if other than ffective date is listed, the date mu		
LE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.)		
LE V: Effective date, if other than ffective date is listed, the date mu		
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)		
LE V: Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business	
LE V: Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a	nst be specific and cannot be more than five business member of a member.	days
LE V: Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a	member for an authorized representative of a member.	
CLE V: Effective date, if other than ffective date is listed, the date muddays after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	member for an authorized representative of a member. with section 608.408(3), Plorida Statices, the execution and possibilities an affirmation under the penalties of perjury a stated herein are true.)	days
LE V: Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	member for an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution an constitutes an affirmation under the penalties of perjury a stated herein are true.)	days
CLE V: Effective date, if other than ffective date is listed, the date muddays after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	member for an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution an constitutes an affirmation under the penalties of perjury a stated herein are true.)	days
LE V: Effective date, if other than flective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume that the facts	member of an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of perjury a stated herein are true.)	days