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SECRETARY OF STATE

D. BRUCE

APR 2 3 2009

**EXAMINER** 

## **COVER LETTER**

OT,

TO: Registration Solvision of the second sec				
SUBJECT:	Nightlight Ga	ames LLC		
	(Name of Limited	Liability Company)		•
The enclosed Articles	of Organization and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
*****		nael Budd		
	(Na	ame of Person)		
	Nightligh	t Games LLC		
	(Fi	rm/Company)		
	652 Dun	blane Drive	JAEC TALL	09
		(Address)	AHI	APR 22
	Winter Pa	ark, FL 32792	ASSE ASSE	
	(City/S	tate and Zip Code)	m <sub>C</sub>	1 H
For further information	on concerning this matter, please ca	ill:	STATE LORIDA	PH 12: 39
Mich	nael Budd a	t ( 407 <sub>)</sub> 580-683	9	
(Na	me of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	Sertificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ıs	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Nightlight Games Li	
(Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	<u> 1ailing Address:</u>
	52 Dunblane Drive /inter Park, FL 32792
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regis	stered agent are:
Michael Budd	<u> </u>
Name	APR 22 CRETARY AHASSE
652 Dunblane Drive	SSEY 22
<del></del>	S(P.O. Box NOT acceptable)
Winter Park, FL 32792 FI	
City, State, and Z	Zip 39
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity.	certificate, I hereby accept the appointment as

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address: ember
MGR	Michael Budd
	652 Dunblane Drive Winter Park, FL 32792
	VVIIILEI Fair, I L 32/32
(Use attachment if necessa	
(OSC anachinem ii necessa	шу)
LE V: Effective date, if ot	ther than the date of filing: April 20, 2009 (OPTIONAL) late must be specific and cannot be more than five business daying.)
LE V: Effective date, if ot fective date is listed, the d	ate must be specific and cannot be more than five business day
LE V: Effective date, if ot fective date is listed, the d	late must be specific and cannot be more than five business day ng.)
LE V: Effective date, if ot fective date is listed, the d days after the date of fili	late must be specific and cannot be more than five business daying.)  RE:  APR 22
LE V: Effective date, if ot fective date is listed, the d days after the date of fili  REQUIRED SIGNATUR	late must be specific and cannot be more than five business day ng.)

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)