10900000744

•
(Requestor's Name)
(Address)
(Address)
(144,455)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



800157383808

06/22/09--01062--019 **130.00

O9 JUN 22 PH 12: 0

D. BRUCE

JUN 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Game GuyS 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:
Peter J: Rodriguez Name of Person
The Game Guys Firm/Company
Le725 Eagle St
Address Ft Myers Ft 33966 City/State and Zip Code Nychylc 22 @ cm/augmail. Lum B-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
Pete Rodnsulz at (239) 939-7169 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Status Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

The Game Guys	UC
(Must end with the words "Limited leabilit	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1925 Fagle St FA Myers FL 33966	6725 Eagle St F+ myers Fr 35966
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Peter J. Rodrie	iuz Fo
Name "	HAA JUN
6725 Eagle St	ARY SSEE
Florida street address (P.O. I	Box NOT acceptable)
Ft Myers \$	FL 339LA0 88 15 15
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and
	tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

		Name and Address:
"MGR" = Manager "MGRM" = Manager		
MGR	-	Peter T Rodriguez U725 Fagle St Ft mylers FC 33966
m GRM	-	Poter Radriquez 10832 Scripps Parch Blvd # San Diego CA 92131
· · · · · · · · · · · · · · · · · · ·	-	
	•	
(Lise attachment if i	necessary)	
	te, if other than the o	· · · · · · · · · · · · · · · · · · ·
LE V: Effective dat	te, if other than the of the date must be of filing.)	date of filing: (OPTIONA specific and cannot be more than five business day
LE V: Effective dan fective date is listed days after the date REQUIRED SIGN	te, if other than the of the date must be of filing.)	specific and cannot be more than five business day
LE V: Effective dat fective date is listed days after the date REQUIRED SIGN	te, if other than the of the date must be of filing.) NATURE: ignature of a member in accordance with sect	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effective dat fective date is listed days after the date REQUIRED SIGN	te, if other than the of the date must be of filing.) NATURE: ignature of a member in accordance with sect of this document constitute that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.
LE V: Effective dat fective date is listed days after the date REQUIRED SIGN	te, if other than the of the date must be of filing.) NATURE: ignature of a member in accordance with sect of this document constitute that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effective date fective date is listed days after the date REQUIRED SIGN Signature of the date of the filling fees: \$125.00 Filling fee	te, if other than the of the date must be of filing.) NATURE: ignature of a member on accordance with sect of this document constitute the facts stated here the facts of Organ ared Agent	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury tin are true.)