

L100000008010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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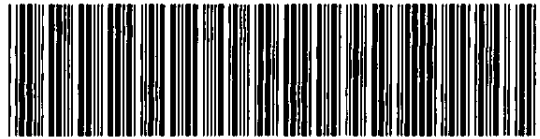
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000163970510

Effective Date 01/27/10

01/21/10--01017--014 \*\*160.00

FILED  
10 JAN 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 22 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOBAL GAMING INTERNATIONAL 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:

JAMES TUTTOLOMONDO  
Name of Person

PALM IMPORTS INC  
Firm/Company

1693 STATE AVE  
Address

HOLLY HILL FLA. 32117  
City/State and Zip Code

JIM TUTTOLOMONDO: JIMTUTT@MSN.COM  
E-mail address: (to be used for future annual report notification)

10 JAN 21 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JAMES TUTTOLOMONDO at (386) 547-9254  
Name of Person 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:

GLOBAL GAMING INTERNATIONAL 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:**

1693 STATE AVE  
HOLLY HILL FLA. 32117

1693 STATE AVE  
HOLLY HILL FLA. 32117

**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.)

Effective Date 01/27/10

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

JAMES TUTOLOMONDO  
Name

1693 STATE AVE  
Florida street address (P.O. Box **NOT** acceptable)

HOLLY HILL FL 32117  
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..*

James Tutolomondo  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JAMES TUTOLOMONDO  
12 WALNUT LANE  
ORMOND BCH FLA. 32174

MGRM

BARRY J HEALY  
1574 BUNKER HILL CT  
TITUSVILLE FLA. 32796

MGRM

JOSEPH DALEY  
8 FOX RUN  
ORMOND BCH FLA. 32174

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-27-2010 (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.)

**REQUIRED SIGNATURE:**

James Tutolomondo  
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.)

JAMES TUTOLOMONDO  
Typed or printed name 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)

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