

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PERFECT GAMES ARCADE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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B. BOSTICK

DEC - 9 2011

EXAMINER

**ARTICLE I**

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

*The name of the Limited Liability Company is:*  
**PERFECT GAMES ARCADE, LLC**

**ARTICLE II**

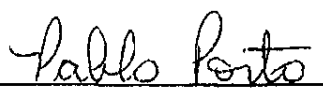
*The mailing address and street address of the principal office of the  
Limited Liability Company is:* **23172 SANDALFOOT PLAZA DRIVE  
- BOCA RATON, FL 33428-6627**

**ARTICLE III**

*Registered Agent, Registered Office & Registered Agent's Signature:  
The name and Florida street address of the registered agent are:*

**MRGM  
PABLO PORTO  
16275 COLLINS AVE APT 2401  
SUNNY ISLE, FL 33160**

*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.*

  
**PABLO PORTO  
REGISTERED AGENT**

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**ARTICLE IV**

*The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company*

**MGRM**

**PABLO PORTO**  
**16275 COLLINS AVE APT 2401**  
**SUNNY ISLE, FL 33160**

**MRG**  
**RODOLFO ANDRE R PORTO**  
**RUA CABINARI 129 VILA FORMOSA**  
**SAO PAULO – SP – BRAZIL, 03364-050**

*(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.)*

  
**PABLO PORTO**  
**MGR**

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