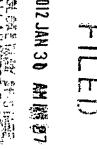
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
FEB -1 2011
EXAMINER

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COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJ	_{ECT:} Trav	veling Poker Acader	my of Southwest Flor	ida
		Name of Limite	d Liability Company	
The en	iclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	
Please	return all con	respondence concerning this matte	r to the following:	
	Karen I	Mygas		
			Name of Person	
	Traveli		of Southwest Florida Firm/Company	
	7697 B	ay Lake Drive	ғип/сопрапу	201 2 .
			Address	70.5
	Fort Mye	rs, FL 33907		30
	mygas27	City. 80@yahoo.com	State and Zip Code	
			r future annual report notification)	
For fur	rther informat	ion concerning this matter, please	call:	
Kare	n Mygas		at (239) 437-2431	
	Na	me of Person	Area Code & Daytime Telepho	ne Number
Enclos	sed is a chec	k for the following amount:		
] \$125.00	O Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Traveling Poker Academy of Southwest Florida, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

7697 Bay Lake Drive	7697 Bay Lak	
Fort Myers, FL 33907	Fort Myers, F	L 33907
(The Limited Liability Compar business entity with an active	ered Agent, Registered Office, & Registered Agent. You must represent the registered Agent. You must represent address of the registered agent agent agent.	st designate an individual or another
	Name	
Ka	ren L. Mygas	T
	Florida street address (P.O. Box NO	
769	7 Bay Lake Drive FL 33907	
Fo	RA Myers, City, State, and Zip	Si 7

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.

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:

Karen L. Mygas 7697 Bay Lake Drive Fort Myers, FL 33907
of filing: February 1, 2012 (OPTIONA

REQUIRED SIGNATURE:

Signature of a member or an authorized replotentative 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Karen L. Mygas

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)