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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JACKPOTS OF WELL	INGTON, LLC
Sebuleti.	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
ROBERT J. BROWN	
	Name of Person
	Firm/Company
1761 LATHAM ROAD	
	Address
WEST PALM BEACH, FL 33	409
BOBB@PBLM.COM	ity/State and Zip Code
	for future annual report notification)
For further information concerning this matter, please	se call:
ROBERT J. BROWN	at (561) 688-7909 EXT104
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

MOKDOTO	
	S OF WELLINGTON [ust end with the words "Limited Liability]

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

Mailing Address:

Principal Office Address:	Mailing Address:		
1761 LATHAM ROAD, WEST PALM BEACH, FL 33409	SAME		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the ROBERT J. BROWN	sistered Agent. You must designate an individual control of the co	Signature: idual or another	
Nam		ASSI ASSI	=
1761 LATHAM F	ROAD	F CF	ED
Florida street a	ddress (P.O. Box NOT acceptable)		
WEST PALM BEACH, FL 334	109 FL	ORIDA ORIDA	
City, S	State, and Zip	المستعر	

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing 1	Member	
MGRM	ROBERT J. BROWN	
***************************************	1761 LATHAM ROAD	
	WEST PALM BEACH, FL 33409	
(Use attachment if neces	esary)	
ARTICLE V: Effective date, if	other than the date of filing: 2/13/12 . (OPTIONAL)	
(If an effective date is listed, the to or 90 days after the date of fi	date must be specific and cannot be more than five business days prid	r
to of you tays after the date of h	≥ N N	
<u>REQUIRED</u> SIGNAT	URE: A SEE FLORING STATE THE SEE FLORING ST	
	SSEE GF	,
	The state of the s)
Signati	re of a member or an authorized representative of a member.	
I am aware that	with section 608.408(3), Florida Statutes, the execution of this document of firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.)	
	BERT J. BROWN	
_ _	Tuned 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)