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SECRUTARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

OCT 22 2012

## **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: Miami Gaming Group 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:	
Henry Pisand	
Name of Person	
HERRY PISAND  Name of Person  MIAMI GAMING Group LLC  Firm/Company	
Firm/Company	
2501 NE 55th Street Address	
Fort Lauder dale F1 33308  City/State and Zip Code  henry p15 AND D Yahoo. Com  E-mail address: (to be used for future annual report notification)	.م معه
City/State and Zip Code	المحدد وتستند
henry pis ANO a Yahoo. com	Ţ
E-mail address: (to be used for future annual report notification)	C
For further information concerning this matter, please call:	
Henry PISAND at 954, 931-0434	
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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, 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	s:		
MIAMI GAM (Must end w	ith the words "Limited Liab	bility Company, "L.L.C.," or "LI	LC.")	
ARTICLE II - Address: The mailing address and s	street address of the	principal office of the Li	mited Liability C	Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:		
2501 NE S5th FOT LAUDER 33.308  ARTICLE III - Register (The Limited Liability Company of	red Agent, Registere	EORT LAUNG 333 ed Office, & Registered gistered Agent. You must designa	OS / Agent's Signati	ure:
The name and the Florida			SECRETARY OF S	TILED MI
Fac	Florida street a F Lawlevda	AVC address (P.O. Box <u>NOT</u> accep <u>ACFL 33308</u> State, and Zip	ntable)	A 30

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRI - Managing Member	Henry Pisand 2501 NE 55th St FORT Lauderdale, F1 32308
(Use attachment if necessary)  LE V: Effective date, if other than the	e date of filing: (OPTIO)
LE V: Effective date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:	be specific and cannot be more than five business of SEURE JARY COLLINE JARY COLLIN
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	be specific and cannot be more than five business of the specific and cannot be more than five busines

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)