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DAVID GERSHMAN ESQ

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRIVEST SERVICE CORPORATION
Account Number : I20020000111
Phone : (305) 858-2200
Fax Number : (305) 858-1629

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2013 SEP 11 AM 8:22
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EXAMINER

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: bheck601@gmail.com

FLORIDA LIMITED LIABILITY CO.

JBT Game Planning, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. SAULSBERRY
EXAMINER
SEP 12 2013

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JBT Game Planning, LLC

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

ARTICLE II - Address:

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

Principal Office Address:601 NE 38th Street# 2710Miami, FL 33137**Mailing Address:**601 NE 38th Street# 2710Miami, FL 33137**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.)

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

Brian Hecker

Name

601 NE 38th Street, # 2710Florida street address (P.O. Box **NOT** acceptable)MiamiFL 33137

City, State, and Zip

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..

By: Brian N. Hecker

Registered Agent's Signature (REQUIRED)

Brian Hecker

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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:**MGRMBrian Hecker601 NE 38th Street, # 2710Miami, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:


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. 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.817.135, F.S.)

Brian Hecker, Sole Member

Typed or printed name of signer

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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