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K. SALY EXAMINER APR 1 0 2014

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Digital Game Changers, LLC</u> Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	David Leib	Name of Person	
		,,,,,,,,,	
	Digital Game Changers, LLC	Firm/Company	
	525 NW 1st Ave	Address	
	Ft. Lauderdale, Fl 33301	City/State and Zip Code	
dr	oleib@hotmail.com E-mail address: (to be us	sed for future annual report notifica	tion)
For fur	ther information concerning this matter, p	lease call:	
<u>David</u>	Leib at Name of Person	( <u>954</u> ) <u>665-0433</u> Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
<b>□</b> \$125.0	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & 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 Tallabassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Digital Game Changers, LLC (Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
525 NW 1st Ave Ft. Lauderdale, Fl 33301	525 NW 1st Ave Ft. Lauderdale, Fl 33301
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered)	its own Registered Agent. You must designate an individual or
The name and the Florida street address of the re	Pigistered agent are:  Name  P.O. Box NOT acceptable)  P. 33317
David Leib	R F
	Name PSF 7
404 NW 68th Ave	THE POPULATION OF THE POPULATI
riorida street address (F	P.O. Box NOT acceptable)
<u>Plantation</u>	FL 33317 55
City	Zip
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro	ccept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter 605, F.S
	20
—Registered Agent	s.Signature (REQUIRED)
(CO	NTINUED)

Page 1 of 2

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" = Manager	
MGR	David Leib
<u> </u>	525 NW 1st Ave
	Ft. Lauderdale, Fl 33301
	1 t. Edderdale, 1 1 0000 1
MGR	Michael Hondriy
	Michael Hendrix
	525 NW 1st Ave Ft. Lauderdale, Fl 33301
	Ft. Lauderdale, Ft 33301
	<u> </u>
V: Effective date, if other than the date of tive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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