

L14000084225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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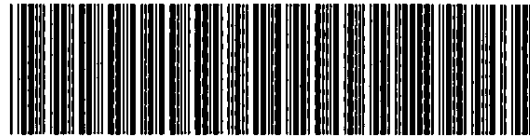
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY 16 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Simmons MAY 27 2014

COVER LETTER

To: Registration Section  
Division of Corporations

**Skillzmatic Entertainment, 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:

Reatha Johnson

(Name of Person)

Skillzmatic Entertainment, LLC

(Firm/Company)

298 Live Oak Blvd.

Sanford, FL 32773

(Address, City/State and Zip Code)

reatha.johnson@gmail.com

(Email address / to be used for future annual report notification)

For further information concerning this matter, please call:

Reatha Johnson at (407) 810-5072

*Enclosed is a check for the following amount:*

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Skillzmatic Entertainment, LLC.**

**ARTICLE II - Address:**

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

298 Live Oak Blvd.

Sanford, FL 32773

**ARTICLE III - Registered Agent, Office and Signature:**

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

Reatha Johnson

298 Live Oak Blvd.

Sanford, FL 32773

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 605, F.S..

  
Registered Agent's Signature

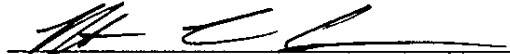
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**ARTICLE IV -**

The name and address of each person authorized to manage and control the Limited Liability Company:

<b>Title:</b>	<b>Name and Address:</b>
MGR	Reatha Johnson
	298 Live Oak Blvd.
	Sanford, FL 32773

**ARTICLE V:** Effective date: May 19, 2014

  
Signature of member

(In accordance with section 605.0203 (1) (b), 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.)

Reatha Johnson  
Typed name of signee

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