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## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJECT	GAMEWAR	s FL LLC				
	Name of Limited Liability Company					
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.				
Please retu	rn all correspondence concerning this m	natter to the following:				
	DON GHAMEERSINGH					
•		Name of Person				
		Firm/Company				
	1530 NW 18	28th DRIVE, 3	104			
		<u></u>				
	<u>Sunrise</u>		323			
		City/State and Zip Code				
	E-mail address: (to be use	DARS. COM d for future annual report notification	on)			
For further	information concerning this matter, plea	ase call:				
Don	GHAMEERSINGH at (	954 296 – 486 Area Code Daytime Telep	21(			
Enclosed is	a check for the following amount:					
□ \$125.00 Fi	_/	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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

GAMEWARS FI	L LLC
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
# 202 WINDING LAKE ROAD	10036 WINDING LAKE ROAD
SUNRISE, FL 33351	SUNRISE, FL 33351
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
DON GHAM	EERSINGH ST
Name	
1530 NW 1284h	DRIVE, # 104 19
Florida street address (P.O. Box N	DRIVE, TIOH  OT acceptable)
SUNRISE	FL 33323
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of of my duties, and I am familiar with and accept the obliga	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

Page 1 of 2

(CONTINUED)

Title:  "AMBR" = Authorized Member  "MGR" = Manager		
"AMBR"  EMILY MAHADED  10036 WINDING LAKE ROAD # 3  SUNRISE FL 33351	<u>-</u> - 202	
TONATHAN MAHADEO  10036 WINDING LAKE ROAD *  5UNRISE FL 33351  DON GHAMEERSINGH  1530 NW 12848 DRIVE * 11  5UNRISE FL 33323	_	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing: 02.25.15 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or the date of filing.)	90 days	after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE.  Signature of a member or an authorized representative of a 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.)		2015 NAR
JONATHAN NIAHADEO  Typed or printed name of signee	<b>新</b>	<b>5</b> 5

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)