## L15000209239

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT .	MAIL
(Business Entity Name)	
、 (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<b>,</b>	

Office Use Only



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W15-67854

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2015

LATROY JERMAINE WAITERS 820 31 STREET EAST PALMETTO, FL 34221

SUBJECT: LOYALTY ENTERTAINMENT, LCC

Ref. Number: W15000078541

We have received your document for LOYALTY ENTERTAINMENT, LCC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000053612 (LOYALTY ENTERTAINMENT, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 215A00025470

Thomas Chang Regulatory Specialist II DEC 17 PH 12: 11

## **COVER LETTER**

OUD ID OF	, Loyalty Entertainment
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	LaTroy Jermaine Waiters
	Name of Person
	Turfmadeskully941/ Loyalty Entertainment
	Firm/Company .
	820 31 Street East
	Address
	Palmetto, FL. 34221
	City/State and Zip Code
	Turmadeskully941@gmail.com
_	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
	LaTroy Waiters 941 580-7501
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$125.00 Fi	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 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:			
Loyalty Entertainment (Must end w	LCC LOYA	1 Promo d Liability Compa	tions LLC, ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add				
<u>Principal</u>	Office Address:		Mailing Address:	
ARTICLE III - Registered Agen	t, Registered Office, annot serve as its own tive Florida registration	A Registered Agenton.)	20 31 Street East almetto, FL 34221 gent's Signature: t. You must designate an individual or	
	LaTroy J. Waiters			
		Name		
	820 31 Street East			
	Florida street addres	ss (P.O. Box <u>NOT</u>	(acceptable)	
	Palmetto	FL	34221	
	City	State	Zip	
Uming keen named as registered as	ant and to account some		the above stated limited liability company of	

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..

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	Manager	LaTroy Waiters
		820 - 31st Street E (Mailing Adduss)
		Palmetto, F1 34221
		•
	(Use attachment if necessary)	(OPTIONAL)
an eff date ote: I	LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	meet the applicable statutory filing requirements, this date will not be listed a
an eff date ote: I e docu	LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)  If the date inserted in this block does not ament's effective date on the Department  LE VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
an eff e date ote: I e docu	LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed a of State's records.
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an efi date te: I docu	LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m This document is executed am aware that any fals	meet the applicable statutory filing requirements, this date will not be listed at of State's records.  Watture  ember or an authorized representative of a member.  atted in accordance with section 605.0203 (1) (b), Florida Statutes.
an efi date te: I docu	LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m This document is executed am aware that any fals	meet the applicable statutory filing requirements, this date will not be listed at of State's records.  The state of a member

ARTICLE IV-

Page 2 of 2

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)