116000027697

(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:	





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01/29/16--01021--022 **125.00

SECRETARY OF STATE

2016 JAN 29 PH 2: 3

COVER LETTER

	tration Section ion of Corporations
SUBJECT:	Amazing Games, LLC
_	Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Andrew Pouget Name of Person
	Name of Person
	Firm/Company
	1126 Barclay Wood Drive
_	
	Ruskin, Florida, 33570 City/State and Zip Code
	POUGETAND GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filing	
	Mailing Address Street Address
	New Filing Section Division of Corporations New Filing Section Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

2016 JAH 29 PH 2: 34

Andrew Pouget

Name

1/26 Barclay Wood Drive

Florida street address (P.O. Box NOT acceptable)

Ruskin Florida 33570

City State 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 605, F.S..

Registered Agent Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<mark>Citle:</mark> 'AMBR" = A 'MGR" = Ma	uthorized Member nager	Name and Address:
AMBR		Christopher Fennell
AMB	R	11237 Codor Hollow La. Tomper FL 33618 Fladren Parget 1124 Barcley Wood Drive Puskin FL 33570
	 -	
V: Effective date is filing.) the date insertent's effection	ted in this block does rever date on the Departm	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not nent of State's records.
CV: Effective date is filling.) the date insernent's effection of the control of	e date, if other than the listed, the date must be ted in this block does not the Department ovisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date is filling.) the date insernent's effective VI: Other p	e date, if other than the listed, the date must b ted in this block does not we date on the Departm	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
EV: Effective date is filling.) the date insernent's effecti	e date, if other than the listed, the date must be ted in this block does to ve date on the Departmovisions, if any. SIGNATURE: Signature of a This document is example.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)