

# L18000065889

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

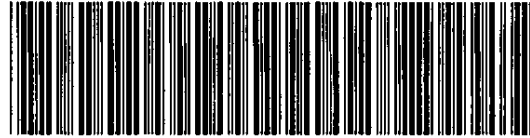
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 16 2018

**OMNI BUSINESS SERVICES, INC**

9705 NE 2<sup>nd</sup> AVENUE  
MIAMI SHORES, FL 33138

Tel: 305-576-7755

Fax 305-576-9107

E-mail: [omnibusiness@bellsouth.net](mailto:omnibusiness@bellsouth.net)

March 07, 2018

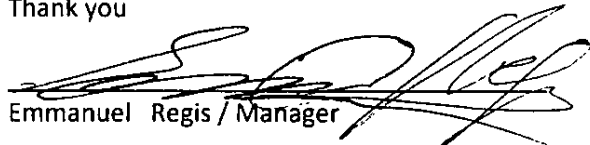
Florida Department of State  
Division of Corporations  
P O BOX 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

Enclosed you will find a money order in the amount of \$125.00 along with the ARTICLES OF ORGANIZATION FOR FLORIDA of a Limited Liability Company for LOSON AMUSEMENT GAMES, LLC. Please register it for me.

For further information regarding this matter please contact me at the above telephone number , fax number or my e-mail.

Thank you

  
Emmanuel Regis / Manager

**ARTICLES OF ORGANIZATION FOR FLORIDA**  
LIMITED LIABILITY COMPANY  
OF  
LOSON AMUSEMENT GAMES, LLC

**ARTICLE I : NAME**

The name of this Limited Liability Company shall be:

**LOSON AMUSEMENT GAMES, LLC**

**ARTICLE II : ADDRESS**

11844 WINGED FOOT TERRACE  
CORAL SPRINGS, FLORIDA 33071

IT IS ALSO THE MAILING ADDRESS OF THE COMPANY

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida Street Address of the Registered Agent is:

SEVERSON PREVILUS  
11844 WINGED FOOT TERRACE  
CORAL SPRINGS, FL 33071

Having been named as registered agent and to accept service of process for the above state Limited Liability Company at the place designated in this certificate , I hereby accept the appointment as registered agent 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 agent for Chapter 608. FS.

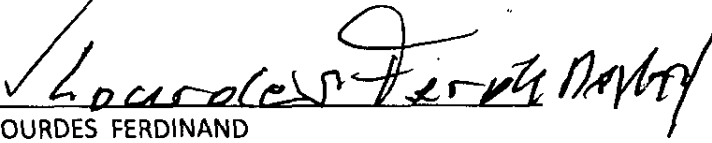
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ARTICLE IV : MANAGERS

The name and address of the Managers authorized to manage and control the  
Limited Liability Company

TITLE	NAME	ADDRESS
MANAGER " "	SEVERSON PREVILUS	11844 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071
MANAGER " "	LOURDES FERDINAND	11844 WINGED FOOT TERRACE CORAL SPRINGS, FL 33071

  
SEVERSON PREVILUS

  
LOURDES FERDINAND

(in accordance with section 608-408 (3) Florida Statutes, the execution of this document  
Constitutes an affirmative under the penalties of perjury that stated herein are true

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