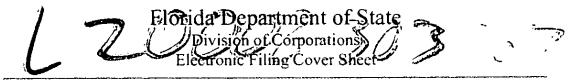
10/5/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000346001 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP

Account Number : I20140000109 Phone : (786)316-5772 Fax Number : (786)549-5991

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			 	 		

FLORIDA LIMITED LIABILITY CO. **EZ ESPORTS & TECH LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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9

COVER LETTER

	ew Filing Sectivision of Cor			
0415.477.673		TS & TECH LLC		
SUBJECT	l :	Name of Limi	ited Liability Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	ım all correspo	ondence concerning this mat	ter to the following:	
	FRANCISC	O SAMUEL GARCIA ABI	RRACHED	
			Name of Person	
	EZ ESPORT	S & TECH LLC		
			Firm/Company	
	1015 SPANI	ISH RIVER RD APT: 301		
			Address	
	BOCA RAT	ON, FL 33432		
			ty/State and Zip Code	
	sgarcia@czes		a a	· · · · · · · · · · · · · · · · · · ·
	ì	E-mail address: (to be used	for future annual report notificat	uou)
For further	information co	ncerning this matter, please	call:	
	FRANCISCO	O SAMUEL GARCI, 56		
	Nam		rea Code Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:		
≡\$125.0	0 Filing Fcc	☐\$130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address	Street Address New Filing Section D	oivision (

New Filing Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>:ss</u> :
APT: 301
CA
1

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

FRANCISCO SAMU	IEL GARCIA ABU	RRACHED
	Name	
1015 SPANISH RIV	ER RD APT: 301	
Florida street address	(P.O. Box <u>NOT</u> 80	cceptable)
BOCA RATON	FL	33432
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's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	FRANCISCO SAMUEL GARCIA ABIRRACHED 1015 SPANISH RIVER RD APT: 301 BOCA RATON, FL 33432
(Use attachment if necessary)	
•	
LE V: Effective date, if other than the da ffective date is listed, the date must be a e of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not of State's records.
TLE V: Effective date, if other than the da ffective date is listed, the date must be a e of filing.) If the date inserted in this block does no cument's effective date on the Department CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not not of State's records.
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CLE V: Effective date, if other than the date of filing.) If the date inserted in this block does no cument's effective date on the Department of the United Signature of a This document is exert and aware that any factors.	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will not not of State's records.

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)