## L20000312976

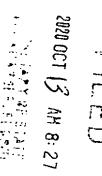
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Special Instructions to F	Filing Officer:	
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Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FOR THE LOVE OF	THE GAME I	.LC	
	·,		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		İ	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		1	Art. of Amend. File
			RA Resignation
		Ì	Dissolution / Withdrawal
			Annual Report / Reinstatement Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status 2
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
		'	Fictitious Search
Signature			Fictitious Owner Search
2.8			Vehicle Search
<u> </u>	<u> </u>		Driving Record
Requested by: SETH	10/13/20		UCC 1 or 3 File
Name	$\frac{10/13/20}{\text{Date}}$	Time	UCC 11 Search
THILL			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier



October 12, 2020

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: FOR LOVE OF THE GAME LLC

Ref. Number: W20000116960

We have received your document for FOR LOVE OF THE GAME LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the manager.

Please return 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.

Tammi Cline
Regulatory Specialist II Supervisor
Letter Number: 920A00019967

2020 OCT 1/3 AM 8: 27 THE STREET

## COVER LETTER

	ew Filing Section vision of Corporations		
SUBJECT	FOR LOVE OF THE GAME LLC	;	
SOBJECT		Limited Liability Company	
The enclos	ed Articles of Organization and fcc(s	) are submitted for filing.	
Please retu	rn all correspondence concerning this	matter to the following:	
	CLAUDIA VEIGA		
		Name of Person	<del></del>
	ACCOUNTING CONTROLLER, 1	INC	
	-	Firm/Company	
	2610 NE 18TH TER UNIT A		
		Address	
	LIGHTHOUSE POINT, FL 33064		2020 0
	CLAUDIA@ACCOUNTINGCONT	City/State and Zip Code FROLLER.COM	1020 OCT 13
	E-mail address: (to be t	used for future annual report notification)	
For further i	nformation concerning this matter, p	lease call:	AM 8: 27
	CLAUDIA VEIGA	561 213-6565 t( )	27
	Name of Person	Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
S125.00 F	Filing Fee S130.00 Filing Fee Certificate of Status	Gentificate Copy Certificate Copy (additional copy is enclosed) Certified Co	of Status &
	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

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  13915 Via Nidia  Delray Reach Ft. 33446  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  13915 Via Nidia  13915 Via Nidia  Florida street address (P.O. Box NOT acceptable)		For love of the	Game	LLC
Principal Office Address:  13915 Via Nida 13915 Via	(Must cont	ain the words "Limited Liabi	ility Company	, "L.L.C.," or "LLC.")
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual omother business entity with an active Florida registered agent are:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name address of the re		ddress of the principal office	of the Limited	d Liability Company is:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual omother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:    Verency Feller   Name   13915 Via Nidia	<u>Princip</u>	al Office Address:		Mailing Address:
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual omother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	<b>1</b> 3915	Via hidia		13915 Via Nidia
Name J 13915 Via Nidia	ARTICLE III - Registered Ag	ent, Registered Office, & R	egistered Age	helyay Beach, FL 33446 ent's Signature:
13915 Via Nidia  Florida street address (P.O. Box NOT acceptable)	ARTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.)	gistered Agent.	ent's Signature: You must designate an individual or
The state of the s	ARTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age	gistered Agent.	You must designate an individual or
Delray beach F1 33446  City State Zip	ARTICLE III - Registered Ag The Limited Liability Compan- nother business entity with an	ent, Registered Office, & Registered Strong Registerion (Cannot serve as its own Registrive Florida registered age address of the registered age Na	ent are:  Temy Fello  Tello  Tello  Tello  Tello	You must designate an individual or
	ARTICLE III - Registered Ag The Limited Liability Compan- another business entity with an	ent, Registered Office, & Ry cannot serve as its own Regactive Florida registration.) address of the registered age	gistered Agent.	You must designate an individual or

h p. fu d 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	Name and Address:
"MGR" = Manager M6R	Jeremy Feller
	13915 Ma Nidia betray Beach, FL 33446
<del></del>	
<del></del>	
	<u></u>
(Use attachment if necessary)	
EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
JE V: Effective date, if other than the date rective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or neet the applicable statutory filing requirements, this date will r
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EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)  The date inserted in this block does not no ment's effective date on the Department of EVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree.	ember or an authorized representative of a member.  led in accordance with section 605.0203 (1) (b), Florida Statute information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.  Typed or printed name of signee

NAME OF TAXABLE PARTY OF TAXABLE PARTY.