

L21000436387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

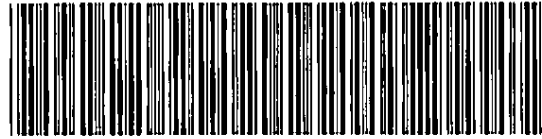
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200374250792

FILED

2021 OCT -6 AM 11:51

ALLAHSSEE, LLC

10/06/21--01001--014 **155.00

RECEIVED

2021 OCT -6 PM 12:54

ALLAHSSEE, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Gamechanger Campaigns, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer S. Blohm, Esquire

Name of Person

Meyer and Blohm, P.A.

Firm/Company

Post Office Box 1547

Address

Tallahassee, Florida 32302

City/State and Zip Code

kim@csteam360.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn T. Thomas

850

878-5212

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
FOR
GAMECHANGER CAMPAIGNS, LLC

The undersigned subscribes to these Articles of Organization for the purpose of forming a Limited Liability Company, which shall become effective upon filing of these Articles with the Secretary of State.

ARTICLE I

The name of the Limited Liability Company is "Gamechanger Campaigns, LLC."

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

10193 North Military Trail, #201
Palm Beach Gardens, Florida 33410

The mailing address of the Limited Liability Company is:

6901 Okeechobee Boulevard, Suite D5-344
West Palm Beach, Florida 33411

ARTICLE III

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

Michelle Damone
10193 North Military Trail, #201
Palm Beach Gardens, Florida 33410

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Title:

Name and Address:

MGR/AMBR – Manager/Authorized Member

Michelle Damone

Address:

10193 North Military Trail, #201
Palm Beach Gardens, Florida 33410

FILED
2021 OCT -6 AM 11:51
ALL AMBROSIO, P.A.

ARTICLE V

The purpose for which this Limited Liability Company is formed is to conduct any lawful business permitted under the laws of the United States or of the State of Florida.

IN WITNESS WHEREOF, this document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.

Michelle Damone
MICHELLE DAMONE

VERIFICATION

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

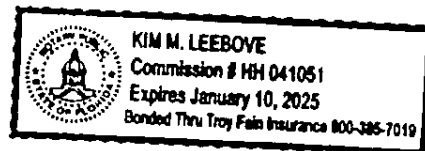
The foregoing instrument was acknowledged before me by physical presence this 4 day of October, 2021, by Michelle Damone, who ☒ is personally known to me OR ☐ has provided a valid driver's license as identification.

WITNESS my hand and seal in the County and State named above on this 4 day of October, 2021.

Kim M. LeeBore
NOTARY PUBLIC

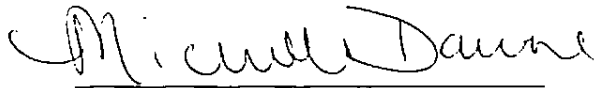
Notary Public Kim M. LeeBoye
Printed Name

My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

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 Florida Statutes.



MICHELLE DAMONE
Registered Agent

Date: October 4, 2021

FILED

2021 OCT -6 AM 11:51

TALLAHASSEE, FL 32304