

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
CH2200	2003	3059





02/24/22--01020--014 **150.08







FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2022

KRISTINA WILSON, ESQ 16690 COLLINS AVE STE 1101 SUNNY ISLES BEACH, FL 33160

SUBJECT: GAME ON MANAGEMENT HOLDINGS, LLC

Ref. Number: W22000033059

We have received your document for GAME ON MANAGEMENT HOLDINGS, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S.; require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Karen Lovelace Regulatory Specialist II ng of your document, please call &

COVER LETTER

то:	New Filing Se Division of Co						
SUBJ	ест: <u></u> <i>Во</i>	më On Man (Name of Res	a <u>ge INED</u> ulung Florida Limit	HOLdi.	ngs, LLC		
					fees are submitted to c ordance with s. 605.10		ı "Other
Please	return all corre	espondence concerning	g this matter to:				
161	egy Colli	(Contact Person) T (Contact Person) T (All P.A. (Firm/Company) (Address)	orte 1101				
E-n	Kristina (S. Beach, Fr City, State and Zip Code) Wkewlegal. Co e used for future annual re on concerning this ma	port notifications)				
	ristina Wi	ilson	at (305) 99 (Daytii	10 - 2220 me Telephone Number)		
		or the following amou a bank located in the	•	orocėsse	d by this office must b	e payable	in US
(\$25 fo & \$125	0.00 Filing Fees or Conversion of for Articles inization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop	у	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		New Fi Divisio The Ce 2415 N	Address: ling Section n of Corporations ntre of Tallahassee . Monroe Street, Suite assee, FL 32303	\$10	722 KE 31 - AS 1

For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	on law or business trust, etc.
First organized, formed or incorporated under the laws of Delaware	
(Enter state, or if a non-U.S. entity, th	e name of the country)
on 09/26/2019	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art	cicles of Organization:
GAME OF: MANAGEMENT HOLDINGS LLC	_·
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	_·
(The effective date: Cannot be prior to date of receipt or filed date nor more than the date this document is filed by the Florida Department of State.)	90 calendar days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
5. The χ 's, of conversion has been approved in accordance with all applicable statutes.	
6. The "ID, certed or Other Business Entity" has agreed to pay any members having appraisable members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.	isal rights the amount to
	F\3 1-3
	221173.31
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	770 to 1

Signed this day of	_ 20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative: Printed Name: David Goldfara	Title: Minney
Signature(s) on behalf of Other Business/Entitle: [5]	See below for required signature(s)
Signature: Printed Name: June 6- [also]	Title: Municy
Signature Printed Name:	Title:
Signature. Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature. Printed Name:	_ Title:
Signature.	
Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. If Florida Ceneral Partnership or Limited Liabilit	orporator must sign.
Signature of one General Partner.	
If Florida Limited Partiership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v Limited Partnership:
AP others: Signature of an authorized person.	
<u>Feet.:</u>	
cres of Conversion: ecolor Florida Articles of Organization: cellified Copy: Certificate of Statas:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

2022 K 12 31 MM 6: 59

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GAME ON MANAGEMENT HOLDINGS LLC	
().lust contain the words "Limited Liability	Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16690 Collins Avenue Stellol Snavy Isles Beach, Fl 33160	po Bux 10008 OchlandPark, FL 33307
ARTICLE III - Registered Agent, Registered (1) e Limited Liability Company cannot serve as its own Registe ousiness entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
кЕW Legal	
Name	
16690 COLLINS AVENUE, SUITE	E 110:
Florida street address (P.O.	Box NOT acceptable)
SUNNY ISLES BEA	CH FL 33160
City	Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	
(CONTIN	(DED)
	 .

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR" = Manager Davic Golofaro - MG	Do.N. 4 Coldfairs 40 Alton Koul Apr 330 Mining George 33 1 39
	Minini Grach, 33/39
·	
	
(Use attachment if necessary)	
LE V: Other provisions, if any.	
SEATHOED SEASIATIONS.	<u></u>
REQUIRED SIGNATURE:	$\sim 1/1$
()al).)s colofin
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b). Florida Statutes, I am aware ment to the Department of State constitutes a third degree fe
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<u> </u>	oed or printed name of signee
- ·	