L23000061421

(Requestor's Name)
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PICK-UP WAIT MAIL
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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

		
GameBlazers, LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
· ·		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Nema	Data Time	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
GameBlazers, LLC				
(Must cont	ain the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the L	imited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
6560 West Rogers C	irele, Unit 15		6560 West Rogers Circle, Unit 15	
Boca Raton, Florida	33487		Boca Raton, Florida 33487	<u>s</u> 2
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its ow active Florida registrati	n Registered Aon.) d agent are: Name Suite 2600	gent. You must designate an individual or	2023 FEB -9 AM 10: 57
	<u>M</u> iami	FL	33131	
	City	State	Zip	
place designated in this certificate further agree to comply with the pi	I hereby accept the approvisions of all statutes in the ligations of my position.	pointment as re relating to the as registered	for the above stated limited liability compared stated agent and agree to act in this capa proper and complete performance of my dulagent as provided for in Chapter 605, F.S Pyn Signature (REQUIRED)	city. I

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Author "MGR" = Manager	
MGR	Jordan Levinson 6560 West Rogers Circle. Unit 15 Boca Raton. FL 33487
_MGR	Rourke Struthers 6560 West Rogers Circle, Unit 15 Boca Raton, FL 33487
(Use attachment if	
If an effective date is listed, he date of filing.) Note: If the date inserted in	, if other than the date of filing:
ARTICLE VI: Other provision	ons, if any.
REQUIRED SIGN	SATURE:
	Jordan Levinson
l ar	Signature of a member or an authorized representative of a member, is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, in aware that any false information submitted in a document to the Department of State istitutes a third degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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)