

L23000234197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

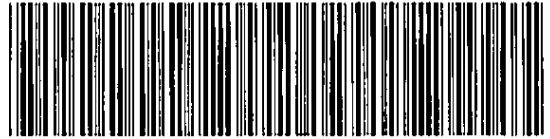
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Game Sandwich, 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:

Aden Carter

Name of Person

Game Sandwich, LLC

Firm/Company

1001 Grovewood Ct.

Address

Clearwater, FL 33764

City/State and Zip Code

Carter.Aden5@GMail.com

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

For further information concerning this matter, please call:

Aden Carter

742

812-6159

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

Street Address

New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Game Sandwich, LLC

(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:

1001 Grovewood Ct.
Clearwater, FL 33764

Mailing Address:

1001 Grovewood Ct.
Clearwater, FL 33764

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 or another business entity with an active Florida registration.)

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

Aden Carter

Name

1001 Grovewood Ct.

Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FL

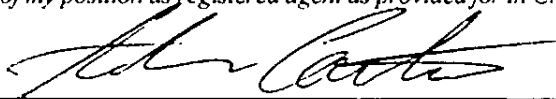
33764

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 10 AM 10:37

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

SEE ATTACHMENT

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
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 s.817.155, F.S.

Aden Carter

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)

ARTICLE IV- (Attachment)

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

AMBR – Authorized Member	Aden Carter 1001 Grovewood Ct. Clearwater, FL 33764
AMBR – Authorized Member	Jared O'Neill 1813 Concord Dr. Glendale Heights, IL 60139
AMBR – Authorized Member	Jesse Lennox 5771 W. 92nd Ave. #344 Westminster, CO 80031
AMBR – Authorized Member	John Hansen Jr. 643 W. 61st St. Davenport, IA 52806
AMBR – Authorized Member	Michael Sriquei 1973 Spanish Pines Dr. Dunedin, FL 34698
AMBR – Authorized Member	Michael Straw Jr. 78 Bronx Dr. Cheektowaga, NY 14227
AMBR – Authorized Member	Scott Roepel 5991 S 286th East Ave. Broken Arrow, OK 74014
AMBR – Authorized Member	Stephanie Roehler 8508 Cedarcrest Dr. Traverse City, MI 49685