Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000190058 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

E-mail	Address:			
CMGTT	Address:			

FLORIDA LIMITED LIABILITY CO.

Velocity Esports Orlando Downtown, LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



(D)



ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Velocity Esports Orlando Downtown, LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
3838 N Kenneth Ave	3319 N Cicero Ave #412002
Chicago, IL 60641	Chicago, IL 60641
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	ed Agent. You must designate an individual or
	••
Vcorp Agent Services, Inc. Name	
Nume	
1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·
Florida street address (P.O. Bo	ox NOT acceptable)

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.

State

Plantation

City

By: Miriam Nachison

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2023 HAY 23 PM 1:4-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Velocity Esports, Inc. 3838 N Kenneth Ave. Chicago, IL 60641	
	· · · · · · · · · · · · · · · · · · ·	
Tion opporatif secessory)		
EY: Effective date, if other than the date cetive date is listed, the date must be sportfilling.) the date inserted in this block does not	e of filing: (OPTIC pecific and cannot be more than five business days promeet the applicable statutory filing requirements, this	nor to or 90 days
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this of State's records.	date will not be li
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this	date will not be li
E V: Effective date, it other than the date ective date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	meet the applicable statutory filing requirements, this of State's records.	date will not be li
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a material This document is executed any false.	ember or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florise information submitted in a document to the Department of the Departm	r. da Statutes.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a material This document is executed am aware that any false.	ember or an authorized representative of a member and accordance with section 605.0203 (1) (b), Floring information submitted in a document to the Department of the Departmen	r. da Statutes. ent of State
retive date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals	ember or an authorized representative of a member and accordance with section 605.0203 (1) (b), Floring information submitted in a document to the Department of the Departmen	r. da Statutes. ent of State
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. Signature of a material amage of the degree	ember or an authorized representative of a member and accordance with section 605.0203 (1) (b), Floring information submitted in a document to the Department of the Departmen	r. da Statutes. ent of State
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is exect I am aware that any false constitutes a third degree.	ember or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Floring information submitted in a document to the Department fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Frees: rganization and Designation of Registered Agent	r. da Statutes.