

L23000299295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

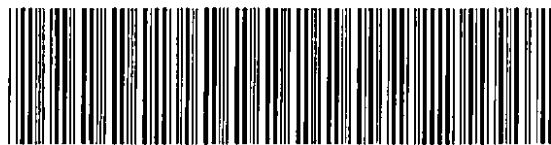
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -6 PM 3:04

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: High Rollers Events 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:

Richard Ting

Name of Person

High Rollers Events LLC.

Firm/Company

5632 Pinerock Rd

Address

Orlando, Florida 32810

City/State and Zip Code

richardtingthemagicking@gmail.com

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

For further information concerning this matter, please call:

Richard Ting

562

308-0606

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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

High Rollers Events 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:

5632 Pinerock Rd

Orlando, FL 32810

Mailing Address:

5632 Pinerock Rd

Orlando, FL 32810

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:

Richard Ting

Name

5632 Pinerock Rd

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

Orlando

FL

32810

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)

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TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Alisha Nicholson-Ting _____

5632 Pinerock Rd _____

Orlando, FL 32810 _____

MGR _____

Richard Ting _____

5632 Pinerock Rd _____

Orlando, FL 32810 _____

(Use attachment if necessary)

2023 JUN -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

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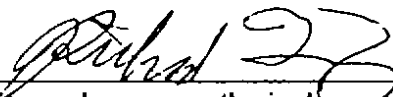
ARTICLE V: Effective date, if other than the date of filing: 5/30/2023 (OPTIONAL)

(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.

Richard Ting _____

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)

Richard Ting

5632 Pinerock Rd

Orlando, Florida 32810

562-308-0606

richardtingthemagicking@gmail.com

May 29, 2023

FILED
2023 JUN -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

Business Name Release Affidavit for "High Rollers Events, LLC."

I, Richard Ting, being of sound mind and legal capacity, hereby declare and affirm the following information to release the use of the business name "High Rollers Events, LLC "

1. Business Information:

- a. Business Name (Dissolved as of May 1st, 2023): High Rollers Events
- b. Business Address: 5632 Pinerock Rd Orlando, FL 32810
- c. Business Phone Number: 562.308.0606
- d. Business Email: richardtingthemagicking@gmail.com
- e. Business Entity Type: LLC

2. Reason for Name Release:

I am releasing the business name "High Rollers Events" due to extenuating circumstances that was going to make me leave the state. This decision was made on April 30, 2023.

3. Previous Business Name

There is no previous business name associated with "High Rollers Events". The name has been in use since June 30, 2020. Since the file for dissolution, my disposition has changed and I need to re-file "High Rollers Events, LLC " with SUNBIZ.

4. Release Statement:

I hereby release the business name "High Rollers Events" before the 120 day holding period so that I may re-file and re-use the name "High Rollers Events, LLC."

5. Affirmation and Oath:

I solemnly affirm under penalty of perjury that the foregoing facts are true and correct to the best of my knowledge and belief. I understand the consequences of releasing the business name and assume full responsibility for any legal, financial, or operational implications resulting from this release.

Richard D Ting

Richard Ting

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TALLAHASSEE, FL

Witness Statement:

I, Natasha Morales, at Allimate Springs, have witnessed the signature of
Richard Ting on this 6/2/2023

Witness Signature

Natasha

Witness Printed Name: Natasha Morales

Phone Number: 407.985.3762

Email Address:



NATASHA MORALES
Notary Public
State of Florida
Comm# HH306065
Expires 8/29/2026