1240008675b

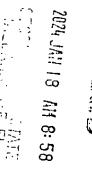
(Re	equestor's Name)	
(Ad	ldress)	
		· . <u>-</u> .
(Ad	dress)	
(6)	ndChatalZialDhana #	
(Cil	ty/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
	<u> </u>	
(Do	cument Number)	
Continue Continue	C-46	Chahan
Certified Copies	_ Centificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



900421884189

01/18/24--01010--002 **130.00





	New Filing Section Division of Corporations				
SUBJEC	Bubser Games, LLC.				
SOBJEC	Name of Lim	ited Liabili	ty Company		
The enclo	osed Articles of Organization and fee(s) are	submitted	for filing.		
Please ret	turn all correspondence concerning this mat	ter to the fo	ollowing:		
	Thomas Young				
		Name of	Person		
	Bubser Games, LLC.				
		Firm/Cor	npany		
	1605 Yeomans Path				
		Addro	rss		
	Lakeland, FL 33809				
	Ci auburnthompson@gmail.com	ty/State and	l Zip Code		
	E-mail address: (to be used t	for future a	nnual report notification	1)	
For further	information concerning this matter, please	call:			
	Auburn Thompson 86;	3 	617-8294		
			Daytime Telephone		
Enclosed	is a check for the following amount:				
	00 Filing Fee San Status Status	Certific	i.00 Filing Fee & ed Copy il 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 Divi The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	sec (. co	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Bubser Games, LLC.				
(Must contai	n the words "Limited	H.iability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Lir	nited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Add	ress:
1605 Yeomans Path			1605 Yeomans Path	
Lakeland, FL 33809			Lakeland, FL 33809	
ARTICLE III - Registered Agen (The Limited Liability Company e another business entity with an ac	annot serve as its ow tive Florida registrati	n Registered Ag ion.)		dividual or
The name and the Florida street ac	ldress of the registere	rd agent are:		
	Auburn H. Thomps	on Jr.	<u></u>	
		Name		
	1342 Dixie Dr.			
	Florida street addre	ss (P.O. Box <u>N</u> 0	OT acceptable)	
	Auburndale	FL	33823	
	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..

Registree Apont's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Thomas Young 1605 Yeomans Path Lakeland, FI 33809
AMBR	Auburn H. Thompson, Jr. 1342 Dixie Dr. Auburndale, FL 33823
T' I'E	
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	ate of fiting:
ctive date is listed, the date must be a filling.) The date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) The date inserted in this block does not nent's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.
EV: Effective date, if other than the date tive date is listed, the date must be a filing.) he date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rank that any fall.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.
EV: Effective date, if other than the date tive date is listed, the date must be a filing.) he date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a rank that any fall.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, lise information submitted in a document to the Department of State received for in s.817.155, F.S.
EV: Effective date, if other than the date tive date is listed, the date must be a filing.) The date inserted in this block does not ent's effective date on the Department of EVI: Other provisions, if any. Signature of a rate of the date of the document is exect a maware that any fall constitutes a third degree.	member or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b). Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent