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	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
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	To: Division of Corporations Fax Number : (850)617-6381	
	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996	
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	FLORIDA LIMITED LIABILITY CO. Bandit Billiards Club LLC Please use o	riginal
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-**RATEN**, L. . The Elimica as for th

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Bandit Billiards Club 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:	Mailing Address:
12200 1st St W, Unit 101, Treasure Island, FL 33706	P.O. Box 47565.
ther ages	ST PETERSBURG, Florida, 33743, US
	· · · · · · · · · · · · · · · · · · ·

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:

tem	
Name	
nd Road	
s (P.O. Box <u>NOT</u> acc	:eptable)
Florida	33324
State	Zip
	nd Road s (P.O. Box <u>NOT</u> not Floride

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.

x ju to	C T Corporation System By: Rachel O'Connor, Assistant Secretary	Rachellic
	Registered Agent's Signature (RE	QUIRED

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		ARTICLE IV-				-	
		The name and address of each	h person authorized to manage an	d control the	Eimited Liability C	ompany:	
		Title: "AMBR" = Authorized Mem	Name and				
		"MGR" = Manager					
		MGR	Michael Ballou P.O. Box 47565	ST DETERS	BURG, Florida, 337	12 110	
			<u>1.0. B0. 47505.</u>			<u>43. US</u>	
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