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EXAMINER

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SECRETARY OF STATE
ALLAHASSEE, FI DRIMA



ON SERVICE COMPANY.					
ACCOUNT NO.	: I2000000195				
REFERENCE	: 072450 4366930 3				
AUTHORIZATION	: 072450 4366930 H				
COST LIMIT	: \$ PREPAID				
ORDER DATE : July 21, 2009					
ORDER TIME : 9:06 AM	7				
ORDER NO. : 072450-005					
CUSTOMER NO: 4366930					
FOREIGN FILINGS					
NAME: ADVANCED GAMI LLC	ING ASSOCIATES,				
XXXX QUALIFICATION (TYPE: <u>LL</u>)					
PLEASE RETURN THE FOLLOWING AS	G PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	CANDING				
CONTACT PERSON: Joyce Markley	7 EXT# 2930				

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	GAMING ASSOCIA	•			
(Name of Foreign	Limited Liability Company	y; must include	"Limited Liability Com	pany," "L.L.C.," or '	'LLC.")
	er alternate name adopted for or managing members adop LC.")				
PENNSYLVAN		3.	20 - 4490 (FEI num	7072	
(Jurisdiction under the company is organized)	law of which foreign limite	ed liability	(FEI num	ber, if applicable)	
FEBRUARY 24	4, 2006	5.	PERPETUAL		
(Date of	f Organization)		(Duration: Year limite exist or "perpetual")	d liability company v	will cease to
UPON FILING				7	
	(Date first transacted bu (See sections 608.501 & 6	isiness in Florid 608.502 F.S. to	a, if prior to registration determine penalty liabi	n.) lity)	The state of the s
223 PRATT ST	ГREET, HAMMON	ITON, NJ (08237		SSEE ELOSE
					TO P
	(Stre	eet Address of	Principal Office)		10 m
B. If limited liability	company is a manager	-managed co	mpany, check here	\boxtimes	·
The name and usu	al business addresses o	of the managi	ng members or mar	agers are as follo	ws:
ANTHONY TO			8	B*	
		· · · · · · · · · · · · · · · · · · ·			
223 PRATT ST	FREET, HAMMON	ITON, NJ (08237		
hejurisdiction under the l	l certificate of existence, no m aw of which it is organized. (e under oath of the translator i	(A photocopy is	not acceptable. If the cer		
1. Nature of busine	ess or purposes to be con	nducted or p	romoted in Florida:	SUPPLIER O	F GAMING
EQUIPMENT			_		
	D-11		M		
	Signature of a member	er or an autho		of a member	
	(In accordance with section 6	608.408(3), F.S.,	the execution of this docu	ment constitutes	
	an affirmation under the per		mai me iacis sinicu nefem	are truc.j	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unav	ailable, the alternate name to	be used in the state of Florida is:	
2. The name	and the Florida street addres	ss of the registered agent and office	e are:
	Corporation Service (Company	
	 	(Name)	
	1201 Hays Street		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability compagent and aga	oany at the place designated in ree to act in this capacity. I five proper and complete perforn	d to accept service of process for the this certificate, I hereby accept the orther agree to comply with the prov nance of my duties, and I am familia ent as provided for in Chapter 608, I	appointment as register isions of all statutes ir with and accept the

Corporation Service Company

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JULY 21, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ADVANCED GAMING ASSOCIATES LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8195938-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp