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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Cuo W15-	76061	

Office Use Only



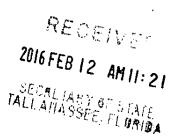
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2016 FEB 12 PH 4: 30

K.S.ALY EXAMINER EB 12





November 19, 2015

TROY RIMMER 2710 - 2ND AVE. NE NAPLES, FL 34120

SUBJECT: OPTIMUM GAMING, LLC

Ref. Number: W15000076061

We have received your document for OPTIMUM GAMING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00024498

COVER LETTER

1.

TO:	Registration Section Division of Corporations	
SUBJ	Optimum Gaming, LLC	
ооро.	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," e, and check are submitted to register the above referenced foreign limited liability company to transact busing	
Please	turn all correspondence concerning this matter to the following:	
	Troy Rimmer	
	Name of Person	
	Optimum Gaming, LLC	
	Firm/Company	
	2710 - 2nd Ave NE	
	Address	
	Naples, FL 34120	
	City/State and Zip Code	
	troyrimmer4032@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Troy Rimmer 239 227-8713	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclos	l is a check for the following amount: ☐ \$125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Optimum Gaming, LLC			
(Name of For	eign Limited Liability Company; must include "l	Limited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpose of transact " or "LLC.")	ing business in Florida. The alternate na	me must include "Limited
Delaware	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
4			
A 710 0 14 NF	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	a, if prior to registration.) o determine penalty liability)	_
5. 2710 - 2nd Ave NE			_
Naples, FL 34120			1
2710 2nd Aug NE	(Street Address of Principal Of		
5. 2710 - 2nd Ave NE			- 35 5
Naples, FL 34120			學 2 17
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box N	OT_acceptable)	PH 4: 30
Name:	Troy Rimmer		The Carry
Office Address:	2710 - 2nd Ave NE		
	Naples	Florida 34120	
Registered agent's accep	(City)	, Florida 34120 (Zip code)	_
lesignated in this applica o complywith the provisi	rgistered agent and to accept service of proceedion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in th	sis capacity. I further ag s, and I am familiar with
8. The name, title or capa	acity and address of the person(s) who has/h	ave authority to manage is/are:	
Troy Rimmer, President,	2710 - 2nd Avc NE, Naples, FL 34120		
- 11			
			
9. Attached is a certificate urisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)	y authenticated by the official having in a foreign language, a translation of	custody of records in the
(Turk (<u>_</u>
·	Signature of an author	rized person	

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.

Troy Rimmer

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPTIMUM GAMING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SECOND DAY OF FEBRUARY, A.D. 2016.

2016 FEB 12 PH 4: 30



Authentication: 201768664

Date: 02-02-16

5786798 8300 SR# 20151308762