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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 12 PM 4:30

FILED

K. SALLY
EXAMINER
FEB 12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB 12 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**TO: Registration Section
Division of Corporations**

SUBJECT: Optimum Gaming, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return 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 further information concerning this matter, please call:

Troy Rimmer

239

227-8713

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Optimum Gaming, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2710 - 2nd Ave NE
Naples, FL 34120
(Street Address of Principal Office)

6. 2710 - 2nd Ave NE
Naples, FL 34120
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Troy Rimmer
Office Address: 2710 - 2nd Ave NE
Naples, Florida 34120
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Troy Rimmer, President, 2710 - 2nd Ave NE, Naples, FL 34120

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(Signature of an authorized 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

Typed or printed name of signee

FILED
2016 FEB 12 PM 4:30
STATE DEPT OF STATE
TALLAHASSEE, FL 32301

Delaware

The First State

Page 1

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.

FILED
2016 FEB 12 PM 4:30
SECRETARY OF STATE
HALLMARKS, FLORIDA



5786798 8300

SR# 20151308762

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201768664

Date: 02-02-16