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COVER LETTER

TO:

Registration Section

	Nan	ne of Limited Liability Company
enclosed stence, ar	I "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F
ise return	all correspondence concerning this matter	to the following:
	KEITH A FLORES	
		Name of Person
		Firm/Company
	12867 ELMFORD LN	
		Address
	BOCA RATON FL 33428	
	(City/State and Zip Code
	kfloes@artisangamecraft.com	
	E-mail address: (to b	e used for future annual report notification)
further in	nformation concerning this matter, please ca	II:
KEI	TH A FLORES	262 705-5982 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.C	ling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternat	e name must include "Limited	Liability Company," "L.L.C," or
WISCONSIN			1745675	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI num	nber, if applicable)
	(Date first transacted business in Florida of prior to re	mietration 1		
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	e penalty liability	ð	
12867 ELMFORD LN			OX 971411	
eet Address of Principal Office)		6	(Mailing Address)	
BOCA RATON, FL 3.	3428	ВОС	A RATON, FL 33497	
				
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT_accept	able)	
Name and street address Name:	ss of Florida registered agent: (P.O. Box KEITH A FLORES	<u>NOT</u> accept	able)	21 Ju
		NOT accept	able)	21 JUN 17 Special or wall charges
Name:	KEITH A FLORES	NOT accept	able) 33428 Florida	PILED 21 JUN 17 PM 2: 0 See the of State of Larassee, Florida

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
■Manager	Name: KEITH A FLORES	□Manager	Name:	
□Member	Address: 12867 ELMFORD EN	□Member		
□Authorized	BOCA RATON, FL 33428	□Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member		
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other		□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.

Signature of an authorized person

KEITH A FLORES

Typed or printed name of signee

DFI/CORP/38 RECORD 2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

l, Patti Epstein, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and the whole of such record; and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

PATTI EPSTEIN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

By: Sierra Knodle

Lurra Knodle

Patti Gostin

DATE: 5/27/2021

Sec. 183,0202 Wis, Stats.



State of Wisconsin Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. Name of the limited liability company:

Artisan Gamecraft, LLC

Article 2. The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.

Article 3. Name of the initial registered agent:

John David Fountain, III

Article 4. Street address of the initial registered office:

6803 35th Ave Kenosha, WI 53142 United States of America

Article 5. Management of the limited liability company shall be vested in:

A manager or managers

Article 6. Name and complete address of each organizer:

Keith Allen Flores 12867 Elmford Ln Boca Raton, FL 33428 United States of America

Other Information. This document was drafted by:

Keith Allen Flores

Not executed in Wisconsin

Organizer Signature:

Keith Allen Flores

Date & Time of Receipt:

8/10/2015 12:24:51 PM

Order Number:

201508104417606

	~
ARTICLES OF ORGANIZATION	- Limited Liability Company(Ch. 183)
	Filing Fee: \$130.00
	Total Fee: \$130.00
	J

ENDORSEMENT

State of Wisconsin Department of Financial Institutions

EFFECTIVE DATE	
8/10/2015	
FILED 8/10/2015	Entity ID Number A076600