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J. BRYAN

JUL 27 2011

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: RACELY LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hanhart Serox
HEADERT SERPA Name of Person
Firm/Company
22 ERUESTRIAN Rd.
Addition
SAIEM V. H 03079 City/State and Zip Code
City/State and Zip Code HJSERPA at Comcast. NET E-mail address: (to be used for future annual report notification)
i
For further information concerning this matter, please call:
Herbert Serpa at (781) 526 5105 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGAINZATION FOR	FLONDA LIMITED MADILITI COMPANI
ARTICLE I - Name: The name of the Limited Liability Company	is:
RACELYN (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
SEMINOLE, FLONIDA 33777	P. O. BOX 1799 OLDSMAR, Flunida 34677
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:

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:

Herbort Seppa
Name
8490 PARK Blud.
Florida street address (P.O. Box NOT acceptable)
Seminule FL 33777
City, State, and Zip

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager	7.e°
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Herbert Serpa 8490 PARK Blud SEMINULE, FL 3377
MGRM	ANDRE SERPA 97 Appletum St. Apt A Bustum, MA. UZIIG
MGRM	DUREEN SERPA 22 EGGOSTAINA ROL SALEM , NH 03079
(Use attachment if necessary) T.F. V: Effective date, if other than the da	ate of filing: . (OPTION
CLE V: Effective date, if other than the da ffective date is listed, the date must be s	ate of filing: (OPTION specific and cannot be more than five business da
LE V: Effective date, if other than the date ffective date is listed, the date must be so days after the date of filing.)	specific and cannot be more than five business da
TLE V: Effective date, if other than the date ffective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE:	ate of filing: (OPTION specific and cannot be more than five business day and cannot be more than five business day of an authorized representative of a member.
CLE V: Effective date, if other than the date of filter than the date of filter. REQUIRED SIGNATURE: Classification of a member of a management of a managem	or an authorized representative of a member. O8(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date ffective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of the	or an authorized representative of a member. O8(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State
CLE V: Effective date, if other than the date of fective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of th	or an authorized representative of a member. O8(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)

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