

L 04006034579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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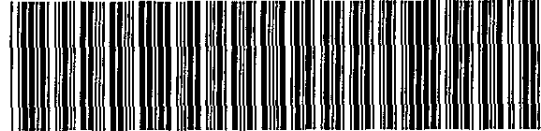
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 618541 7282383

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 5, 2004

ORDER TIME : 10:46 AM

ORDER NO. : 618541-005

CUSTOMER NO: 7282383

CUSTOMER: Peter F. Lomonaco, Esq.  
Peter F. Lomonaco, P.c.

Suite 213  
200 North Milwaukee Avenue  
Libertyville, IL 60048

DOMESTIC FILING

NAME: CIGARETTE RACING PROPERTIES,  
LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
04 MAY - 6 PM 2:59  
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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cigarette Racing Properties, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4255 NW 128th Street

Opa Locka, Florida 33054

**Mailing Address:**

4255 NW 128th Street

Opa Locka, Florida 33054

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Peter F. LoMonaco

Name

4255 NW 128th Street

Florida street address (P.O. Box **NOT** acceptable)

Opa Locka, Florida 33054

FLORIDA

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, Florida Statutes.*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Skip Braver

4255 NW 128th Street

Opa Locka, Florida 33054

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SKIP BRAVER  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)