10400044108

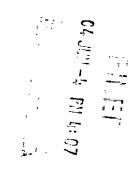
(Re	questor's Name)
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
——(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer	-
44		lC
	CC	
	Office Use On	lv.



500037621305

06/04/04--01024--016 **155.00

MJH.



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Import Palace Hotorsports LLE (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:		
Antonio Brown		
(Name of Person)		
7833 Tam Oshanter Bluch (Address)		
(Address)		
N. Landerdale F1 33068		
(Csg) out and 21p code)		
For further information concerning this matter, please call:		
Antonio Brown at (954) 445-6273 (Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	-
Import Palace Hotorsports	LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3428 NE 2nd Ave	7833 Tam Osbanter Blud
Oakland Park, Fl	N. Landerdale, F1
33334	33068
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere Antonio Brown Name 7833 Tam Oslanter Florida street address (P.O. Box NO.)	Blued DT acceptable)
City, State, and Zip	ORIDA -

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

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.) Typed or printed name of signee

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

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)