2004 OCT 29 ₱ #: 14 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status_ Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

	Registration Sec Division of Cor			-ILED		
SUBJEC	r: <u>Adre</u>	naline Motors (Name of Limited	ports of Breva Liability Company) SECR TALLAI	CJ29LFL 4KI4 ETARY OF STATE TASSEE, FLORIDA		
The enclo	sed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Tohn M. Gagliar	-do Jr.			
Adrenaline Motorsports of Brevard L.L.C. (Firm/Company)						
	75	SW Irwin Ave	(Address)	 _		
West Melbourne, Florida 32904 (City/State and Zip Code)						
For further information concerning this matter, please call:						
John	M. Gagi	nardo Tr. of Person)	at (321) 727 - (Area Code & Daytime Te	elephone Number)		
Enclosed	is a check for	r the following amount:				
\$125.0	0 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section				

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2004 OCT 29 P 4: 14

ARTICLE I - Name:

The name of the Limited Liability Company is:	TALLAHASSEE. FLORIDA
Adrenaline Motorsports e	of Breyard L.L.C.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
75 SW Irwin Ave West Melbourne, Fl. 32904	75 SW Irwin Ave West Melbourne, Fl. 32904
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
John M. Gagliar Name	do Jr.
3212 Monitor L Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
Indialantic, City, State, as	FL、 32903 nd 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..

(CONTINUED)

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:	FIL
MGR	John M. Gagliardo Tr. 3212 Monitor Lane Indialantic, Fl. 32903	ZUU4 OCT 29 SECRETARY TALLAHASSEE
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(Use attachment if necessary) NOTE: An additional article must REQUIRED SIGNATURE:	t be added if an effective date is requested.	
(In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	, -
that the facts stated		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)