

LOS 0000000817

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

J-J Motorsports LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
05 JAN -3 PM 4:00
DIVISION OF CORPORATION

2005 JAN -3 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **J-J Motorsports LLC**

ARTICLE II - Address

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

Principal Office Address:

14716 Citrus Grove Boulevard

Loxahatchee, FL 33470

Mailing Address:

14716 Citrus Grove Boulevard

Loxahatchee, FL 33470

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

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

Luis Martinez

Name

14716 Citrus Grove Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Loxahatchee, FL 33470

(City / State / 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 - Luis Martinez

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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:MGRMLuis Martinez- 14716 Citrus Grove Boulevard, Loxahatchee, FL 33470MGRMNichole Simmons- 300 N. Header Canal Road, Fort Pierce, FL 34945MGRMJamie Allbritton- 14716 Citrus Grove Boulevard, Loxahatchee, FL 33470

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or 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.)

Luis Martinez

Typed or printed name of signee

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