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(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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LOS-24199

TRANSMITTAL LETTER

	, IRANSWII IAD DEI IER
	stration Section sion of Corporations
SUBJECT: F	Pinnacle Racing Stable 3 LLC
	(Name of Limited Liability Company)
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Adam Lazarus
	(Name of Person)
Pinnacle Ra	acing Stable 3 LLC
	(Firm/Company)
196	601 E Country Club Dr # 304
	(Address)
	Aventura , FL 33180
	(City/State and Zip Code)
For further info	formation concerning this matter, please call:
Adam Lazaru	***
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
∃ \$125.00 Fil	ling Fee \$\mathrm{G}\$

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

A

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
ARTICLE I - Name: The name of the Limited Liability Company is: Pinnacle Racing Stable 3 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:				
19601 E Country Club Dr # 304	19601 E Country Club Dr # 3	04			
Aventura, FL 33180	Aventura, FL 33180				
Adam Lazarus	Name h Dr # 304				
19601 E Country Clu	a street address (P.O. Box NOT acceptable)				
Aventura, FL 33180	EI				
	ty, State, and Zip				
registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby accep	ot the appointment as with the provisions of all I am familiar with and			
(0	CONTINUED)				

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Managing Member	Adam Lazarus
	19601 E Country Club Dr # 304
	Aventura, FL 33180
· · ·	
(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
DECLIDED CICNATURE.	
REQUIRED SIGNATURE:	
	\supset
Her L	:
Signature of a member of	r an authorized representative of a member.
(In accordance with castic	on 608.408(3), Florida Statutes, the execution
of this document constitut	es an affirmation under the penalties of perjury
that the facts stated here	1
Hdam	
Турес	d or printed name of signee

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)

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