

L06000005952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

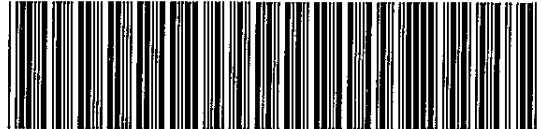
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

W06-82

J. BRYAN JAN 13 2006

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TALLAHASSEE, FLORIDA

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60600000

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR
DATE: 01/13/06
REF. #: 000937.46858
CORP. NAME: 22 MOTORSPORTS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 515729 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2006

CORPDIRECT AGENTS, INC.

SUBJECT: 22 MOTORSPORTS, LLC
Ref. Number: W06000001824

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

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2006 JAN 13 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 22 MOTORSPORTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00002879

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
OF
22 MOTORSPORTS, LLC
A Florida Limited Liability Company**

ARTICLE I - Name

The name of the limited liability company is **22 MOTORSPORTS, LLC** (the "Company").

ARTICLE II - Principal Office

The mailing address of the Company is PO Box 18401, Erlanger, KY 41018 and the street address of the principal office of the Company is 13131 Palmilla Circle, Dade City, Pasco County, Florida 33525.

ARTICLE III - Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV - Management

The Company is to be managed by the manager and the name and address of the initial manager is:

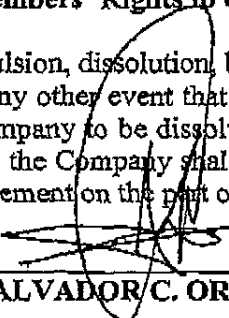
**KATHERINE SMITH
PO Box 18401
Erlanger, KY 41018**

ARTICLE V - Admission of Additional Members

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

ARTICLE VI - Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



SALVADOR C. OROFINO, Authorized Representative

2006 JAN 13 PM 3:28
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CLERK OF COUNTY OF PASCO
FLORIDA

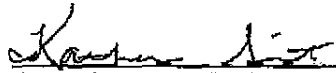
**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **22 MOTORSPORTS, LLC.**
2. The name and Florida street address of the limited liability company's registered agent is
Katherine Smith, 13131 Palmilla Circle
Dade City, Pasco County
Florida 33525

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

By:



Print Name: Katherine Smith

Title: ACCOUNTANT