L06000040424

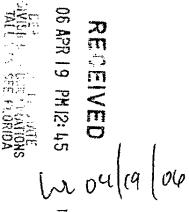
(Requestor's Name)
(Address)
(Address)
(radioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
, , , , , , , , , , , , , , , , , , ,
(Business Entity Name)
(Dabinos Linkly Harris)
(Document Number)
1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800069906698

04/19/06--01005--024 **163.75



DE APR 19 PM 12: 46
SECREJARY OF STATE

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: EAGE		TREME MOTO	OR SPORTS	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Howa	ro C. Jac	QUES TO Name of Person)		
EAGER	BEAUER EXT	Firm/Company)	Sports LLC	
_2203	Hamilton	ST (Address)		,
Jacks	DNUILLE F	CORIDA 322 (State and Zip Code)	2/0	
For further information	concerning this matter, please	call:		,
	JACQUES ITT of Person)	at (<u>904</u>) <u>860</u> - (Area Code & Daytime To	0742 elephone Number)	
Enclosed is a check for	or the following amount:		₹ .	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Feed Certificate of Starts & Certified Copy (additional copy is Accessed Certified Copy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addrest Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	C

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LEI	- Name:
-------	-----	---------

The name of the Limited Liability Company is:

EAGER BEAVER EXTREME MOTOR SPORTS LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2203 HAMILTON ST	2203 HAMILTON ST
JACKSONVILLE, FL. 32210	JACKSINVILLE PL 32210

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

HOWARD C. JACQUES III	SECRET	06 APR	T.
2213 HAMILTON ST	ARY	19	-
Florida street address (P.O. Box NOT acceptable) JACKSONVILLE, FL 32210	OF ST	PH 12:	
City, State, and Zip	ATE ATE	45	

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 (REQUIRED)

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
<u>mgr</u>	HOWARA C. JACQUES II 2203 HAMILTON ST. JACKSONVILLE, FL. 32210	- -
		-
		•
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIC	- - ONAL)
(If an effective date is listed, the date must be sp to or 90 days after the date of filing.)		
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. To STA COLES To printed name of signee	FILED 06 APR 19 PM12: 46

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)