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SECRETARY OF STATE FALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SPEEDHAUS MOTORWERKES, LCC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DWAIN OLIVER MCARTHUR (Name of Person)	
(Name of Person)	
SPEEDHAUS MOTORWERKES, LLC	
(Firm/Company)	
495 North Highway 17-92, str. 409	
(Address)	
SPEEDHAUS MOTORWERKES, LLC (Firm/Company) 495 North Highway 17-92, str. 409 (Address) Winter Springs FL 32708 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
DWAIN O. McARthur at 407 745-0778 FOR STATE OF S	
(Name of Person) (Area Code & Daytime Telephone Number)	į
Enclosed is a check for the following amount:	į
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:			
SPEEDHAUS MOTORWE	ERKES, LLC			
(Must end with the words "Limited Liability Company, "I		," or "L.C.,")	ı	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Li	iability Co	mpan	y is:
Principal Office Address:	Mailing Address:			
495 N. Hishway 17-92 Suite, # 109 Winter Springs, FL 32708	495 N. Highway Suite # 109 hongwood, FC 3.	1792	? - -	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agent' Registered Agent. You must designate an indiv	s Signaturidual or anot	her S	
The name and the Florida street address of the Dwaw O. M.		ORETARY LAHASSE	AUG 21	
401 des Alte	Name 25 WAY, #101 et address (P.O. Box NOT acceptable) RWGO FL 32714 take, and Zip	of state E. Florida	AM 10: 53	Ü
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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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE;

Signature of a member or an 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.)

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)