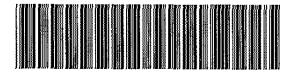
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| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Se Division of Co | | | ' |
|---------------------------------------|---|--|---|
| SUBJECT: | Name of Limited | Racing, Ll H Liability Company) | <u> </u> |
| The enclosed Articles of | f Organization and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | Tricia Zir | nmerrhar Name of Person) | *** |
| , | (| Firm/Company) | |
| | 7790 NW | 13 uh Ter (Address) | • |
| | Ocala for | -L 34482 /State and Zip Code) | |
| | (Cny. | State and Lip Code) | |
| For further information | concerning this matter, please | call: | |
| Tricia (Name | of Person) | at (352) 351- (Area Code & Daytime To | O/(a5 |
| Enclosed is a check for | or the following amount: | , | |
| ☐ \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| - | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Company is: | |
| (Must end with the words "Limited Liability Company, "Limited | Rucing LLC Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7790 NW 134th Ter Ocala, fl. 34482 | 7790 HW 13644 Ter October FL 34482 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | |
| Name 7790 (%) (8) | egistered agent are: SECRETARY OF STARY OF STAR |
| City, State, and | |

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe | Name and Address: |
|---|--|
| MGRM | Tricia Zinnerman 7790 NW 13104 Ter Ocala Fr 34482 |
| MC-Rm | Po Box 1081 Foriefield, Fr. 32634 |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other the (If an effective date is listed, the date is to or 90 days after the date of filing.) | nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior |
| 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.)

Tricia Zimmerman
Typed 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)

RETARY OF STATE

Page 2 of 2