

LOG000086883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

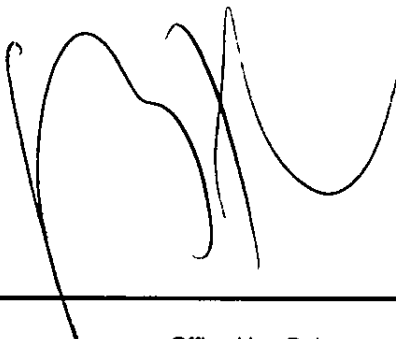
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



900078987879

FILED
06 SEP -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/05/06--01007--015 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 SEP -5 AM 11:35
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 SEP -5 PM 1:55

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Miami Mossetracks, LLC

FILED
06 SEP -5 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

FILED
06 SEP -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

9/5/06 11:02

ARTICLES OF ORGANIZATION
MIAMI MOOSETRACKS, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
06 SEP -5 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI MOOSETRACKS, LLC

ARTICLE II - Address:

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

5290 Fairchild Way
Coral Gables, Florida 33156

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual until it is dissolved and its affairs wound up in accordance with the Operating Agreement duly adopted by this Limited Liability Company and the Florida Statutes.

ARTICLE IV - Management:

The Limited Liability Company is to be a manager-managed company. The initial managers shall be:

Jo-Ann Barr Titley		Roger W. Titley
5290 Fairchild Way	OR	5290 Fairchild Way
Coral Gables, Florida 33156		Coral Gables, Florida 33156

ARTICLE V - Purpose:

This Limited Liability Company shall have the right to operate for any lawful purpose permitted under the laws of the State of Florida.

ARTICLE VI - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Operating Agreement duly adopted by this Limited Liability Company.

ARTICLE VII - Members Rights to Continue Business:

The right, if given, of the remaining members of this Limited Liability Company to continue the business on the death, retirement, resignation, exclusion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be by members' agreement as provided in the Operating Agreement duly adopted for the Limited Liability Company.

ARTICLE VIII - Registered Agent:

Charles E. Garris, whose street address is 819 Beachland Boulevard, Vero Beach, Florida 32963, is appointed as the initial Registered Agent, for service of process, in this State for this Limited Liability Company.

ARTICLE IX - Limitation on Agency Authority of Members:

Pursuant to F.S. §608.4235 no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1 day of September 2006.

(In accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Charles E. Garris,
Authorized Representative

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Sworn to and subscribed before me by CHARLES E. GARRIS this 1st day of
September, 2006.

Sara Metz Gagliardi



Sara Metz Gagliardi
My Commission DD370565
Expires January 20, 2009

(Print, type, or stamp commissioned
name of notary public)

Personally known or produced identification _____
Type of identification produced _____

CONSENT OF REGISTERED AGENT

Having been named as Registered Agent for this Limited Liability Company at the registered office designated in the foregoing Articles of Organization, the undersigned is familiar with and accepts the obligations of this designation as provided for in Chapter 608 of the Florida Statutes.

Dated this 1 day of Sept, 2006.


CHARLES E. GARRIS
Registered Agent