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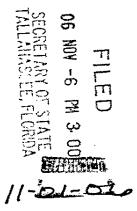
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: TEAM	KENTUCKY RACING		<u></u>
	(Name of Limite	d Liability Company)	-
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
DON J BLA			
	(Name of Person)	
NFC FINAN	ICIAL SERVICES, I	LLC	
,	((Firm/Company)	
13522 SKY	/WATCH LANE - S	SUITE 102	
		(Address)	
LOUISVILI	LE, KY. 40245		
	(City	/State and Zip Code)	
For further information of	concerning this matter, please	rali:	
1 of future information	oncoming this matter, prease	· ·	
DON J BLACK		at (502) 494 998	8
(Name	of Person)	(Area Code & Daytime To	eleplione Number)
Enclosed is a check for	r the following amount:		
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Cooperations	Street/Courier Addres Registration Section Division of Corporatio	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEAM KENTUCKY RACING, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," 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:				
SOLITARY OAK FARM	C/O NFC FINANCIALS SERVICES, LLC				
4651 SE 212TH COURT	13522 SKYWATCH LANE SUITE 102				
MODDISTOWN EL 32669	LOUISVILLE KV 40045				

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:

DANNY PATE	=		
·	Name		-
4651 SE 212TH	COURT		
Florid	a street address	(P.O. Box NOT accept	able)
MORF	ISTOWN, FL	32668	
С	ity, State, and Z	.ip	

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

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGMR	DOROTHY SELF 10035 HARRODS CREEK ROAD PROSPECT, KY 40059					
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ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 1, 06. (OPTIONAL) (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.)

DOROTHY SELF

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)