Division of Corporations Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

PAGE 01/03



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Participation of Corporations

Pax Number

: (850)205-0383

Account Name

: CLARION VENTURES, INC.

Account Number : 120030000026 Phone

Fax Number

(623)465-8636 : (623)465-8640

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Mullet Racing LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

RLH

(((H06000258931 3)))

ARTICLE I - Name:

(((HO6000258931 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mullet Racing LLC			
ARTICLE II - Address: The mailing address and	street address of the principal of	fice of the Limited Liability C	ompany is:
Principal Office Addres	ан жен жайда түйлөгүү. <b>Si</b> n де туй байдагуу (8 Се)	Mailing Address:	ennya, von Western
905 Ponder Ave	The first fellow the signed of the	905 Ponder Ave	Agricon State of the Control of the
Sarasota Florida, 34232-66	32 40 00 13 13 13 13 15 15 15 16	Sarasota Florida, 34232-6632	Service Parkings, (All E
	<del>。1981年198日,1981年</del> 1985年		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ARTICLE III - Registe	red Agent, Registered Office, o	& Registered Agent's Signat	ireP (Separation April
The name and the Florida	a street address of the registered	agent are:	<u>⊆</u> "
Travis	Gene Mullet		C) OF STA RPORA
	Name	<del>-</del>	PORATIONS
905 P	ander Ave.		
	Florida street address (P.O. Box NOT	acceptable)	
	•		

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, Florida Statutes..

•

Degistered Agent's Signature

Page 1 of 2 (CONTINUED)

(((HO6000258931 3)))

Name and Address:

Title:

(((H06000258931 3)))

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

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

MGR	M	•		•	Travis G. Mullet
-				,	15700 Sugar Bowl Rd.
					Myakka City Florida;, 34251
				' ' '	and the second of the second
MGRI	М		•	** ** *	Shawn R. Mullet
	*: ,	<del></del>	the section		2202 Fairfield Ave.
	,			, , , , , ,	Sarasola Florida, 34232
	,			٠	The state of the s
		· 			<u>a parking the marking the contraction of the contr</u>
<u>.</u>				i i	The second of th
			ta Andrew State	, 731	State of the State
			مه شه ر		the state of the s

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 porjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

er billion in the health and the

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

(((HO6000258931 3)))