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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | <u> </u> |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETTRY OF STATE

COVER LETTER

| | Registration Se Division of Co | | | | | | |
|-------------|-----------------------------------|---|--|---|--|----------------|-----------------|
| SUBJEC | T: JRP3 | RACING | | | | | |
| | | (Name of Limite | d Liability Company |) | | | |
| The enclo | osed Articles of | Organization and fee(s) are so | ubmitted for filing. | | | | |
| Please re | turn all correspo | ondence concerning this matte | er to the following: | | | | |
| J. | ames R. F | Pinion II | | | | | |
| | | (| Name of Person) | | | | |
| | | | | | | | |
| _ | | (| Firm/Company) | | | | |
| 4 | 502 W. V | asconia | | | | | |
| | | | (Address) | | | SE | 07 |
| Ţ | ampa, Fl | 33629 | | | | CRET (AH) | 'APR |
| | | (City | /State and Zip Code) | | | AR | 27 |
| For furth | er information of | concerning this matter, please | call: | | | OF S | MIII: 49 |
| James | R. Pinion | II | at (813) | 917-1914 | 4 | 7018/ 71/71 | |
| | (Name | of Person) | | Daytime Te | elephone Numbe | | |
| Enclosed | d is a check fo | or the following amount: | | | | | |
| \$125.0 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin Certified Copy (additional copy is e | | Certificate Certified C (additional co | Сору | & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Cour Registration Division of Clifton Built 2661 Execut Tallahassee, | Section Corporation ding tive Center | ns | | |

WHITE A - MAR HA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| JRP3 RACING (Must end with the v | | npany, "Limited Company" or their abbreviation "LLC," or "L.C.,") | |
|----------------------------------|--|---|------------------|
| (Mast one Will all | Total Builder Blacking Con | | |
| ARTICLE II - | | | |
| The mailing add | dress and street addres | ss of the principal office of the Limited Liability Con | npany is: |
| Principal Offic | e Address: | Mailing Address: | |
| 4502 W. Vasconia | | 4502 W. Vasconia | |
| Tampa, FL 33629 | | Tampa, FL 33629 | |
| The name and t | he Florida street addre | ess of the registered agent are: | 7 |
| The name and t | James R. Pinion I | 1 ASS | 27 |
| The name and t | | AT | 27 |
| The name and t | James R. Pinion I | Name FF ST | 27 |
| The name and t | James R. Pinion I | Name Say | 27 |
| The name and t | James R. Pinion I | Name FF ST | PR 27 AH 11:49 |
| The name and t | James R. Pinion I 4502 W. Vascon Flor | Name ila rida street address (P.O. Box NOT acceptable) | APR 27 AH 11: 49 |

(CONTINUED) Page 1 of 2

Registe ed Agent's Signature (REQUIRED)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: Member | |
|--|---|-----------------|
| MGR | James R. Pinion II | |
| | 4502 W. Vasconia | |
| | Tampa, FL 33629 | |
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| | | D (2006) |
| (Use attachment if necessary (Use attachment if necessary) ARTICLE V: Effective date, if | essary) Fother than the date of filing: (OPTIO) | NAL) |
| (If an effective date is listed, th to or 90 days after the date of 1 | e date must be specific and cannot be more than five business o | Jays prior |
| REQUIRED SIGNAT | 'URE: | |
| | Jan Jan | |
| Signa | ture of a member or an authorized representative of a member. | |
| of this | cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) | |
| - | 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)