## 10700055674

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		MST

Office Use Only .



900102338579

05/24/07--01051--006 \*\*125.00

OT MAY 24 AM 11: 12
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SPEED EAGLE, LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIGUEL A. ACUNA (Name of Person)
SPEED EAGLE, LLC (Firm/Company)
10013 Oakhurst Way 器型
SPEED EAGLE, LLC  (Firm/Company)  10013 Oakhurst Way  (Address)  Fort Myers FL 33913  (Cfty/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 481-1154 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

A CONTROL PROGRESSION OF A CONTROL OF A CONT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SPEED EAG	SLE L.L.C.
	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10013 Dakhurst We Ft Myers, FL 3391.	ay 10013 Oakhurst Was 2 F+ myrre &L 33913 元 3
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
MIGUE	ELA Acuna
***************************************	Name
10013 (	Dakhurst Way
	street address (P.O. Box NOT acceptable)
Pt Myers	33913
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	y, State, and Zip  t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and a registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 5-20-07 (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.)

Typed or printed name of signer

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)