L07000056837

(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



000102693630

05/30/07--01025--006 **155.00

07 MAI 30 TH 2:30 SECRETARY OF STATI ALLAHASSEE, FLORIG

TO ACKNOWLEDGE SUFFICIENCY OF FILMS RECEIVED

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

.

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) ٠٠. ٢٠٠٠ (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out ■ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit ■ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report → Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION OF

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

MACUCO RACING LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

8 BIRCH STREET HOLLIWOOD FLA 33023 8 BIRCH STREET HOLLIWOOD FLA 33023

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent are:

MARTHA PACHECO

(NAME)

8 BIRCH STREET

FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

HOLLIWOOD FLA 33023

CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE 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 SIGNATURE

Title:	Name and address:
MGR= Manager MGRM= Managing Member	
MGR= MARTHA PACHECO,	8 BIRCH STREET HOLLIWOOD FLA 33023
•	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURES	:

The name(s) and address (es) of each Manager or Managing Member is as follows:

ARTICLE IV-MANAGEMENT/MEMBER(S):

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.)

MARTHA PACHECO
Typed or printed name of signed