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(Requestor's Name)				
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COVER LETTER

· TO:	Registration S Division of Co		
SUBJI	rct.	All Play R	acing I, LLC
3000		(Name of Limit	ed Liability Company)
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.
Please	return all corresp	oondence concerning this mat	ter to the following:
		Gail E. Mu	raca, Parategal (Name of Person)
	Cohn Birnbaum & Shea P.C.		
	(Firm/Company)		
	100 Pearl Street - 12th Floor		
			(Address)
			Connecticut 06103 y/State and Zip Code)
For fur	ther information	concerning this matter, pleas	e call:
Mi cl	hael F. Mul	peter, Esq	at (860 · · ·) 493-2200
		of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check fo	or the following amount:	
\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations 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: All Play Racing I, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1504 Eagle Nest Circle	1504 Eagle Nest Circle			
Winter Springs, Florida 32708	Winter Springs, Florida 32708			
Winter Springs, Fl	egistered agent are: Policy Property of the p			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.			

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Paul H. Rothfuss 1504 Eagle Nest Circle Winter Springs, Florida 32708 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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.) Paul H. Rothfuss Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)