

# L08000078/20

Florida Department of State  
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.

((H08000195025 3)))



H080001950253ABC/

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

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904) 359-2000  
Fax Number : (904) 359-8700

FILED  
2008 AUG 14 P 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### SPEED HOLDINGS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

AUG 14 PM 1:58

A. LUNT

AUG 15 2008

EXAMINER

RECEIVED

08 AUG 14 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **SPEED HOLDINGS, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:  
8553 NE 14<sup>th</sup> Terrace, Ocala, Florida 34479.

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**BRIAN MURPHY**

Name

**8553 NE 14<sup>th</sup> Terrace**

Florida street address (P.O. Box NOT acceptable)

**Ocala, Florida 34479**

City, State, and Zip

*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 completed 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, F.S.*

X \_\_\_\_\_  
Brian Murphy

(An additional article must be added if an effective date is requested)

X \_\_\_\_\_  
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.)

**Brian Murphy, Authorized Representative**

Typed or printed name of signer

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy (OPTIONAL)**

**\$5.00 Certificate of Status (OPTIONAL)**

2008 AUG 14 P 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED