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To:

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From: Carrie L. Ramos, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone : (407)843-8880

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Girard Motorsports, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
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C. LEWIS NOV 32008

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008 OCT 31 AM 8: 26

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF JUSTILL TALLAHASSEE. FLORIC/

#### GIRARD MOTORSPORTS, LLC

#### ARTICLE II - Address:

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

Mailing Address P.O. BOX 1119 SANFORD, FL 32772-1119 Principal Office Address 701 CODISCO WAY SANFORD, FL 32771

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

RICHARD A, GIRARD 701 CODISCO WAY SANFORD, FL 32771

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 complete 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.

# REGISTERED AGENT'S SIGNATURE

#### KEGISTEKED AGENT S SIGNATOR

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

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each Manager is as follows:

Title: MGR Name and Address: RICHARD A. GIRARD

P.O. BOX 1119

SANFORD FL 32772-1119

MGR

WILLIAM R. GIRARD P.O. BOX 1119

SANFORD FL 32772-1119

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### AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

### RICHARD A. GIRARD

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)

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