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EXAMINER

COVER LETTER

Division of C	Corporations		
SUBJECT:	Scorpion Ra	acing & Enterprises, L	LC
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	Fra	ancisco E. Saa	
		Name of Person	
	Scorpion Ra	acing & Enterprise, LLC	
		Firm/Company	72 Zg
	4726 N	IW 165TH. Street	2009 OCT -5 SECULIARS
		Address	
	Miami I :	akes, Florida 33014	(**C) ****
		/State and Zip Code	
	cisco	2us@yahoo.com	PH 12: 59
	E-mail address: (to be used for	or future annual report notification)	
For further information	n concerning this matter, please	call:	
Patrio	cio Espinoza	at (305) 6	22-9991
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Signature 155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Scorpion Raci	ing & Enterprise, LLC
(Must end with the words "Lir	mited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	·
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4726 NW 165TH, Street	
Miami Lakes, Florida 33014	
	ovistored Office & Registered Agent's Signature:
	own Registered Agent. You must designate an individual or another
Fra	ancisco E. Saa
	Name
12973	3 SW 24TH. Street
	lress (P.O. Box NOT acceptable)
Miramar, Florida	1 33027 FI
	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and mas registered agent as provided for in Chapter 608, F.S

Registered Agent's Signa

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		•	
"MGRM" = Managing Member		•		
President	Francisco E. Saa			
	12973 SW 24TH, Street			
	Miramar, Florida 33027			
MGRM	Giovanna Costa			
	12973 SW 24TH, Street			
				•
	Miramar, Florida 33027			
Sales Manager	Patricio Espinoza			
	3370 Beau Rivage Dr	3	640 640	
• •	Apart Q-3	<u>្មោះ</u> ម៉ូក្	72 130	
			8	
	Florida, 33064	7		الله الله الله الله الله الله الله الله
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(Use attachment if necessary)		7761	PH	Televan I.
•		in and	52	
LE V: Effective date, if other than the da	ate of filing: October the 2, 2009	(OPPION	(AG)	

ARTICLE V: Effective date, if other than the date of filing: October the 2, 2009 (ORTIONAL) (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 SIC	SNATURE:
	Signature of a momber of 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.)
	Francisco E. Saa
Filina Fooc	Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)